

EXHIBIT A

[Skip To MainContent](#) Search**WARNING:** Bogus Phone Calls, Emails May Lead to Fraud. [Read More...](#)

Civil Court Case Information - Case History

Case Information

Case Number: CV2017-014735 Judge: Sanders, Teresa
 File Date: 12/20/2017 Location: Downtown
 Case Type: Civil

Party Information

Party Name	Relationship	Sex	Attorney
Dawn J McGinnis	Plaintiff	Female	Charles Surrano
Paul Revere Life Insurance Company, The	Defendant		Pro Per
Unum Group Corporation	Defendant		Pro Per

Case Documents

Filing Date	Description	Docket Date	Filing Party
12/27/2017	AFS - Affidavit Of Service	12/29/2017	
NOTE: THE PAUL REVERE LIFE INSURANCE COMPANY			
12/26/2017	AFS - Affidavit Of Service	12/27/2017	
NOTE: PAUL REVERE LIFE INSURANCE COMPANY			
12/26/2017	AFS - Affidavit Of Service	12/28/2017	
NOTE: UNUM GROUP CORPORATION			
12/26/2017	SUM - Summons	12/27/2017	
12/26/2017	SUM - Summons	12/27/2017	
12/20/2017	COM - Complaint	12/22/2017	
12/20/2017	CCN - Cert Arbitration - Not Subject	12/22/2017	
12/20/2017	CSH - Coversheet	12/22/2017	
12/20/2017	NJT - Not Demand For Jury Trials	12/22/2017	

Case Calendar

There are no calendar events on file

Judgments

There are no judgments on file

In the Superior Court of the State of Arizona
In and For the County of Maricopa

CV2017-014735

(Please type or print)

Plaintiff's Attorney Charles J. Surrano, III

Attorney Bar Number 07732

Plaintiff's Name(s): (List all) Plaintiff's Address: Phone #: Email Address:
Dawn J. McGinnis, M.D., c/o Surrano Law Offices, 7114 E. Stetson Drive, Suite 300, Scottsdale, AZ 85251

(602) 264-1077, cjs@surranolawfirm.com

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All) The Paul Revere Life Insurance Company, Unum Group Corporation

(List additional defendants on page two and/or attach a separate sheet)

EMERGENCY ORDER SOUGHT: ☐ Temporary Restraining Order ☐ Provisional Remedy ☐ OSC
☐ Election Challenge ☐ Employer Sanction ☐ Other _____

(Specify)

☐ **RULE 8(h) COMPLEX LITIGATION APPLIES.** Rule 8(h) of the Rules of Civil Procedure defines a "Complex Case" as civil actions that require continuous judicial management. A typical case involves a large number of witnesses, a substantial amount of documentary evidence, and a large number of separately represented parties.

(Mark appropriate box on page two as to complexity, in addition to the Nature of Action case category.)

☐ **THIS CASE IS ELIGIBLE FOR THE COMMERCIAL COURT UNDER EXPERIMENTAL RULE 8.1.** (Maricopa County only.) Rule 8.1 defines a commercial case and establishes eligibility criteria for the commercial court. Generally, a commercial case primarily involves issues arising from a business contract or business transaction. However, consumer transactions are not eligible. A consumer transaction is one that is primarily for personal, family or household purposes. **Please review Rule 8.1 for a complete list of the criteria.** See <http://www.superiorcourt.maricopa.gov/commercial-court/>. You must check this box if this is an eligible commercial case. **In addition, mark the appropriate box below in the "Nature of Action" case category.** The words "commercial court assignment requested" must appear in the caption of the original complaint.

NATURE OF ACTION

(Place an "X" next to the one case category that most accurately describes your primary case.)

100 TORT MOTOR VEHICLE:

- ☐ 101 Non-Death/Personal Injury
☐ 102 Property Damage
☐ 103 Wrongful Death

110 TORT NON-MOTOR VEHICLE:

- ☐ 111 Negligence
☐ 112 Product Liability – Asbestos
☐ 112 Product Liability – Tobacco
☐ 112 Product Liability – Toxic/Other
☐ 113 Intentional Tort

- ☐ 114 Property Damage
☐ 115 Legal Malpractice
☐ 115 Malpractice – Other professional
☐ 117 Premises Liability
☐ 118 Slander/Libel/Defamation
☐ 116 Other (Specify) _____

120 MEDICAL MALPRACTICE:

- ☐ 121 Physician M.D. ☐ 123 Hospital
☐ 122 Physician D.O. ☐ 124 Other

MICHAEL K. JEANES, CLERK
BY Ellisha Flores
E. FLORES, FILED

Is Interpreter Needed? ☐ Yes ☒ No
If yes, what language:

17 DEC 20 PM 4: 54

Case No. _____

130 CONTRACTS:

- ☐ 131 Account (Open or Stated)
☐ 132 Promissory Note
☐ 133 Foreclosure
☐ 138 Buyer-Plaintiff
☐ 139 Fraud
☒ 134 Other Contract (i.e. Breach of Contract)
☐ 135 Excess Proceeds-Sale
☐ Construction Defects (Residential/Commercial)
 ☐ 136 Six to Nineteen Structures
 ☐ 137 Twenty or More Structures

150-199 OTHER CIVIL CASE TYPES:

- ☐ 156 Eminent Domain/Condemnation
☐ 151 Eviction Actions (Forcible and Special Detainers)
☐ 152 Change of Name
☐ 153 Transcript of Judgment
☐ 154 Foreign Judgment
☐ 158 Quiet Title
☐ 160 Forfeiture
☐ 175 Election Challenge
☐ 179 NCC-Employer Sanction Action
 (A.R.S. §23-212)
☐ 180 Injunction against Workplace Harassment
☐ 181 Injunction against Harassment
☐ 182 Civil Penalty
☐ 186 Water Rights (Not General Stream Adjudication)
☐ 187 Real Property
☐ Special Action against Lower Courts
 (See lower court appeal cover sheet in Maricopa)

- ☐ 194 Immigration Enforcement Challenge
 (§§1-501, 1-502, 11-1051)

150-199 UNCLASSIFIED CIVIL:

- ☐ Administrative Review
 (See lower court appeal cover sheet in Maricopa)
☐ 150 Tax Appeal
 (All other tax matters must be filed in the AZ Tax Court)
☐ 155 Declaratory Judgment
☐ 157 Habeas Corpus
☐ 184 Landlord Tenant Dispute- Other
☐ 190 Declaration of Factual Innocence
 (A.R.S. §12-771)
☐ 191 Declaration of Factual Improper Party Status
☐ 193 Vulnerable Adult (A.R.S. §46-451)
☐ 165 Tribal Judgment
☐ 167 Structured Settlement (A.R.S. §12-2901)
☐ 169 Attorney Conservatorships (State Bar)
☐ 170 Unauthorized Practice of Law (State Bar)
☐ 171 Out-of-State Deposition for Foreign Jurisdiction
☐ 172 Secure Attendance of Prisoner
☐ 173 Assurance of Discontinuance
☐ 174 In-State Deposition for Foreign Jurisdiction
☐ 176 Eminent Domain-- Light Rail Only
☐ 177 Interpleader-- Automobile Only
☐ 178 Delayed Birth Certificate (A.R.S. §36-333.03)
☐ 183 Employment Dispute- Discrimination
☐ 185 Employment Dispute-Other
☐ 195(a) Amendment of Marriage License
☐ 195(b) Amendment of Birth Certificate
☐ 163 Other _____

(Specify)

COMPLEXITY OF THE CASE

If you marked the box on page one indicating that Complex Litigation applies, place an "X" in the box of no less than one of the following:

- ☐ Antitrust/Trade Regulation
☐ Construction Defect with many parties or structures
☐ Mass Tort
☐ Securities Litigation with many parties
☐ Environmental Toxic Tort with many parties
☐ Class Action Claims
☐ Insurance Coverage Claims arising from the above-listed case types
☐ A Complex Case as defined by Rule 8(h) ARCP

Additional Plaintiff(s)

Additional Defendant(s)

SURRANO LAW OFFICES
Attorneys at Law

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Scottsdale, Arizona 85251
Phone: (602) 264-1077
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COPY

DEC 20 2017



MICHAEL K. JEANES, CLERK
E. FLORES
DEPUTY CLERK

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Stephen C. Yost (State Bar No. 011149) syost@cycn-phx.com
Co-Counsel for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Dawn J. McGinnis, M.D., an Arizona
resident,

Plaintiff,

vs.

The Paul Revere Life Insurance Company,
a foreign insurer, and Unum Group
Corporation, a foreign corporation,

Defendants.

Case No.: CV2017-014735

**COMPLAINT FOR TORT
(BAD FAITH) AND FOR
BREACH OF CONTRACT**

As and for her Complaint against these Defendants, Plaintiff sets forth and
alleges as follows:

...

ALLEGATIONS COMMON TO ALL COUNTS

1. That at all times mentioned herein, Plaintiff was and still remains a resident of Maricopa County, Arizona.
2. That at all times mentioned herein, the Defendant, The Paul Revere Life Insurance Company, (hereafter "Paul Revere") was and still remains a life and disability insurer licensed to transact and transacting insurance in the State of Arizona and elsewhere.
3. That, among other things, the Defendant, Paul Revere, marketed, sold and issued disability income insurance policies.
4. That Plaintiff purchased a certain disability income insurance policy from the Defendant, Paul Revere, which is more particularly identified by policy number 0102670589, issued on July 1, 1994.
5. That the Defendant, Unum Group Corporation (hereafter "Unum"), is a foreign corporation with its principal place of business in Chattanooga, Tennessee.
6. That the Defendant Paul Revere, became a wholly owned subsidiary of Unum after the purchase of Plaintiff's policy.
7. That the Defendant, Unum, was at all relevant times herein, engaged in the business of evaluating, administering, investigating and overseeing the individual disability income claims arising under the Defendant, Paul Revere's disability policies, including Plaintiff's claims as identified herein.
8. That Unum's employees were at all times relevant to this action the actual or ostensible agents of the Defendant Paul Revere, providing services for the administration of Paul Revere's claims and the servicing of its policies.
9. That Unum's employees acted for and on behalf of Defendant Paul Revere as lent employees and/or served both Defendants as employees and/or agents.

- 1 10. That the Defendants, at all times relevant herein, acted in concert as joint
2 venturers.
- 3 11. That these Defendants caused acts to occur in Arizona out of which this action
4 arises.
- 5 12. That as joint venturers, each is the agent of the other.
- 6 13. That these Defendants are jointly and severally liable for the damages caused by
7 either or both of them as hereinafter alleged.
- 8 14. That the aforesaid policy provided, in relevant part, for total disability benefits to
9 be paid if "because of injury or sickness" the Plaintiff became "unable to perform
10 the important duties of [her] occupation".
- 11 15. That the policy further defined [your] occupation to mean "the occupation or
12 occupations on which you are regularly engaged at the time disability begins".
- 13 16. That Plaintiff's "maximum benefit period" under the policy is for her natural
14 lifetime.
- 15 17. That the base total disability benefit is \$7,650 per month.
- 16 18. That beginning in or about the year 2000, the Plaintiff developed symptoms of
17 low back pain for which she commenced medical treatment.
- 18 19. That at that time, and at all times hereinafter mentioned, the Plaintiff's
19 occupation was that of a clinical anesthesiologist.
- 20 20. That despite the painful condition of Plaintiff's back, she continued to work in
21 her regular occupation of anesthesiology.
- 22 21. That, however, by May of 2010, Plaintiff's lumbar pain and radicular symptoms
23 to her legs had become severe and disabling.
- 24 22. That Plaintiff was, by reason of sickness, unable to work regularly at her
25 occupation as an anesthesiologist.
- 26

- 1 23. That by June 15 ,2010, Plaintiff filed a claim with the Defendant Paul Revere for
2 own occupation disability benefits.
- 3 24. That Plaintiff's disability was supported, in part, by the opinion of her attending
4 physician, a board certified orthopedic surgeon.
- 5 25. That following submission of her claim, the Defendant Paul Revere performed its
6 own investigation into Plaintiff's claim.
- 7 26. That Defendant Paul Revere determined Plaintiff was "disabled as defined in her
8 policy".
- 9 27. That Plaintiff remained out of work for approximately 10 months because of her
10 disabling condition.
- 11 28. That during this time, Plaintiff continued to work on and treat her disabling
12 condition.
- 13 29. That Plaintiff eventually gained enough improvement to gradually resume her
14 occupational duties as an anesthesiologist.
- 15 30. That by April 2011, Plaintiff voluntarily withdrew her claim for disability
16 benefits.
- 17 31. That notwithstanding the foregoing, Plaintiff's back and neurological problems
18 had not been cured, but only controlled.
- 19 32. That thereafter, Plaintiff continued to work in her regular occupation as an
20 anesthesiologist, albeit with symptomatic back and leg pain.
- 21 33. That by June of 2015, Plaintiff underwent a severe and debilitating episode of
22 low back pain which would remain largely unremitting.
- 23 34. That Plaintiff's condition included severe low back pain, radiation of pain over
24 her buttocks into her legs and feet with some numbness in her feet.
- 25 35. That Plaintiff was diagnosed with lumbar spinal stenosis with an annular tear at
26 L4-5.

- 1 36. That Plaintiff's diseased back prevented her from performing duties of her
2 occupation, which had remained that of a clinical anesthesiologist.
- 3 37. That Plaintiff's attending physician advised her to stop working and, in fact,
4 Plaintiff had done so by June 15, 2015.
- 5 38. That Plaintiff submitted a second claim for disability benefits on or about July
6 10, 2015.
- 7 39. That Plaintiff's second claim included, and was supported by, a certification by
8 her attending physician of her disabling restrictions and limitations.
- 9 40. That at the time of her second claim, and as part of it, Plaintiff provided the
10 Defendant with a comprehensive and detailed description of her job duties, the
11 evolution and progression of her symptoms and diagnoses and information about
12 the conditions causing her disability.
- 13 41. That in further support of her claim for benefits, Plaintiff also provided the
14 Defendants with an accurate and complete list of her medical providers relative
15 to her lumbar diagnosis and treatment.
- 16 42. That a true copy of the documents referred to in paragraphs 38 to 40 is attached
17 to this Complaint as Exhibit "A".
- 18 43. That by November 4, 2015, the Defendant, Paul Revere, by its director of
19 disability claims, Timothy P. Loftus, had made an Initial Liability ("IL")
20 approval and authorized payment of disability benefits to Plaintiff under a
21 reservation of rights.
- 22 44. That notwithstanding the foregoing, the Defendant Paul Revere denied Plaintiff's
23 claim for benefits effective March 10, 2016.

24 **COUNT ONE: BREACH OF CONTRACT**

- 25 45. That Plaintiff repeats, reasserts and realleges all the allegations contained herein
26 above as if more fully set forth and incorporated herein.

1 46. That the aforesaid policy constitutes a lawful and enforceable contract.

2 47. That Plaintiff paid her premiums thereunder consistently and when due.

3 48. That Plaintiff was totally disabled from her regular occupation as defined under
4 the policy on and before March 10, 2016.

5 49. That the Defendant Paul Revere was legally obligated to pay the Plaintiff total
6 disability benefits after her elimination period of 90 days.

7 50. That the Defendant Paul Revere's failure and refusal to pay Plaintiff her full and
8 owing disability benefits through its denial and repudiation on March 10, 2016 is
9 a breach of the contract.

10 51. That Plaintiff has sustained actual damages as a result of the breach.

11 52. That Plaintiff has incurred and continues to incur attorneys' fees that are
12 recoverable under A.R.S. § 12-341.01.

13 **COUNT TWO: BREACH OF THE COVENANT OF GOOD FAITH AND FAIR**
14 **DEALING (aka "BAD FAITH")**

15 53. That Plaintiff repeats, reasserts and realleges all the allegations contained herein
16 above as if more fully set forth and incorporated herein.

17 54. That the Defendants at all times owed and still owe the Plaintiff an implied duty
18 of good faith and fair dealing.

19 55. That the denial of Plaintiff's benefits on March 10, 2016 was unreasonable and in
20 disregard the duty of good faith and equal consideration owed to Plaintiff.

21 56. That the Defendants knew or reasonably should have known their decision to
22 deny benefits was unreasonable.

23 57. That the Defendants breached the duty of good faith and fair dealing and thereby
24 acted in "bad faith" in the processing and denial of Plaintiff's claim.

25 58. That, among other things, the Defendants engaged in the following unreasonable
26 claims practices in the investigation and denial of Plaintiff's claim:

- a. Purposely ignoring the job duties regularly required of Plaintiff as a practicing anesthesiologist;
- b. Mischaracterizing Plaintiff's occupational duties;
- c. Selectively retrieving and reviewing Plaintiff's medical records;
- d. Selectively providing Plaintiff's medical records to Defendants in-house medical consultants;
- e. Questioning the absence of medical information known to exist, but which Defendants chose not to obtain;
- f. Failing to consider Plaintiff's known and disabling condition in 2010 based on similar causes;
- g. Ignoring and mischaracterizing the opinions of Plaintiff's primary attending physician, a certified specialist in spinal surgery;
- h. Deliberately concealing medical aspects of Plaintiff's condition from in-house medical consultants so as to bias their finding against disability;
- i. Interpreting the absence of powerful, narcotic pain medications in Plaintiff's pharmacology as evidence of non-disabling pain, rather than considering the adverse and dangerous effects of practicing anesthesiology under the influence of such medications;
- j. Upon information and belief, and as more fully set forth hereafter, targeting Plaintiff's claim to meet "recovery" goals, i.e., reducing reserve liabilities; and
- k. Upon further information and belief, using the "recovery" recognized in the denial of Plaintiff's claim, in part, to obtain higher performance bonuses for persons involved in overseeing and administering it.

1 59. That by August 25, 2016, Plaintiff, through counsel retained by her, objected to
2 and appealed from the denial of her disability benefits.

3 60. That the objection and appeal provided Defendants with documents and records
4 which were omitted from consideration by Unum before denial of the claim and
5 submitted new and additional information including:

6 a. A comprehensive letter from Plaintiff's treating physician detailing the
7 nature of Plaintiff's condition and why it limits her from performing
8 the duties of her occupation;

9 b. A report from an independent medical examination corroborating L4-5
10 discogenic pain with spinal stenosis, making her "unable to perform
11 her essential job functions as an anesthesiologist";

12 c. A report from an independent anesthesiologist outlining and
13 corroborating the duties of an anesthesiologist, such as Plaintiff.

14 61. That the Defendant did not deny that it had closed Plaintiff's claim with the
15 deficiencies and omissions noted above.

16 62. That rather than accept Plaintiff's claim and pay her benefits, in light of the
17 Defendants' inadequate claims investigation, it relied on the same and now other
18 medical in-house consultants to refute the new and additional evidence submitted
19 and to gird its earlier denial.

20 63. That on March 7, 2017, the Defendant Unum upheld its earlier claim denial after
21 a pretextual reevaluation of Plaintiff's claim.

22 64. That Defendants were aware that their conduct in Plaintiff's claim was unfair and
23 unreasonable because this same conduct has been sanctioned in the past. Prior to
24 Plaintiff's claim arising, Defendants were put on notice by a national association
25 of state insurance commissioners investigating Defendants' practices that the
26 following claims handling practices are improper:

- 1 a. Rejecting a claimant's treating doctor's opinion without evidence that
- 2 the doctor's opinion was not well supported by medically acceptable
- 3 clinical or diagnostic standards, and was inconsistent with other
- 4 substantial evidence in the record;
- 5 b. Failing to secure an IME when there is a disagreement between
- 6 Defendants and the treating doctor;
- 7 c. Requiring redundant or unnecessary requests for information not
- 8 reasonably required for adequate analysis of the claim;
- 9 d. Continuing to seek additional information where claimants have
- 10 provided adequate proof of disability;
- 11 e. Failing to consider all diagnoses and impairments and their effect on
- 12 the whole person;
- 13 f. Interpreting or applying information from the treating doctor in an
- 14 unfair manner;
- 15 g. Characterizing certain disabling conditions as self-reported, e.g., pain
- 16 and weakness, and requiring objective evidence to support disability,
- 17 even though not required by the policy; and
- 18 h. Mischaracterizing the claimant's occupation and/or his duties in
- 19 determining whether the claimant is disabled.

20 65. That the steadfast denials of Plaintiff's claim were result driven and the
21 consequence of a corporate program to enhance claim "recoveries", i.e., reserve
22 reductions.

23 66. That, upon information and belief, during and about the administration of
24 Plaintiff's claim, the Defendant Unum had in place plans to achieve certain
25 "performance metrics".
26

1 67. That, upon information and belief, upper level claim management, including the
2 Director of Individual Disability Claims, Timothy P. Loftus, who was directly
3 involved in the administration of Plaintiff's claim, were paid performance
4 bonuses based, in part, on the level of claim "recoveries" they could secure for
5 the company.

6 68. That the higher the amount of the reserve, the greater the recovery would be if
7 and when that claim was closed.

8 69. That, upon information and belief, the amount of reserves on individual claims
9 could and would be adjusted depending on the payment status of the claim.

10 70. That, upon information and belief, claims in which payments had been made
11 would have higher reserve values, including claims where payments were made
12 under a "reservation of rights" or "on an exceptional basis to be of service to the
13 claimant".

14 71. That upon information and belief, such higher value paid or temporarily paid
15 claims were considered "paid recoveries" subject to "paid recovery" objectives
16 and performance metrics.

17 72. That the Plaintiff's claim, after open less than four months, was paid under a
18 "reservation of rights" and "on an exceptional basis to be of service" to her.

19 73. That the payment of temporary benefits was directly authorized by the then
20 Director of the Individual Disability Claim Department, Timothy P. Loftus.

21 74. That, upon information and belief, and consistent with the foregoing, this
22 increased the value of Plaintiff's claim to the Defendants through the claim's
23 closure.

24 75. That, upon information and belief, closing Plaintiff's claim without a permanent
25 finding of disability would have resulted in a higher "paid recovery" for the
26 Defendants.

- 1 76. That, upon information and belief, the Plaintiff's claim was manipulated by
2 Loftus and others as part of a corporate plan or scheme to meet desired
3 "performance metrics" and thereby obtain additional compensation.
- 4 77. That, in fact, Unum investigated Loftus on suspicion of his manipulation of
5 "performance metrics". (See Exhibit "B", hereto, Unum's Complaint against
6 Loftus, and Exhibit "E" thereto, "UpJohn Warning").
- 7 78. That the aforesaid plan imposed arbitrary goals for claim closures, i.e.,
8 "recoveries", and resulted in unreasonable claim practices, such as in Plaintiff's
9 case to achieve these goals.
- 10 79. That as a result of these arbitrary goals and metrics, the Defendants engaged in a
11 pattern and practice of unreasonable claim practices and closures.
- 12 80. That, moreover, Defendants created and maintained financial incentives for
13 claim personnel to meet or exceed "recovery" metrics by claim closures, creating
14 an inherent conflict between the personal interests of claim personnel and fair
15 and unbiased claim handling for the benefit of the insureds.
- 16 81. That these Defendants have acted in such a way as to serve their own interests,
17 knowing or having reason to know that their conduct might significantly injure
18 the rights of others and/or have consciously pursued a course of conduct knowing
19 that it created a substantial risk of harm to others.
- 20 82. That by reason of the foregoing, the Defendants have breached the duty of good
21 faith and fair dealing.
- 22 83. That by further reason of the foregoing, these Defendants are jointly and
23 severally liable to Plaintiff for the actual and general damages sustained by her.

24 ...

25 ...

26 ...

1 WHEREFORE, the Plaintiff requests judgment against these Defendants, jointly
2 and severally, as follows:

3 **COUNT ONE: BREACH OF CONTRACT**

- 4 A. For a finding that the Plaintiff is entitled to coverage;
5 B. For judgment in favor of the Plaintiff and against the Defendants;
6 C. For an award of Plaintiff's actual damages;
7 D. For an award of Plaintiff's reasonable attorneys' fees and taxable costs
8 incurred; and
9 E. Such other and further relief as this Court deems just and proper under the
10 circumstances.

11 **COUNT TWO: BREACH OF THE DUTY OF GOOD FAITH**
12 **AND FAIR DEALING ("BAD FAITH")**

- 13 A. For an award in favor of the Plaintiff and against these Defendants;
14 B. For an award of Plaintiff's actual damages;
15 C. For an award of Plaintiff's general and consequential damages;
16 D. For an award of punitive damages;
17 E. For any and all prejudgment and post judgment interest awardable to the
18 Plaintiff;
19 F. For an award of Plaintiff's reasonable attorney's fees and taxable costs
20 pursuant to ARS §12-341.01; and
21 G. Such other and further relief as this Court deems just and proper under the
22 circumstances.

23 ///

24 ///

25 ///

1 DATED this 20th day of December, 2017.

2 SURREANO LAW OFFICES

3
4 By: 

5 Charles J. Surrano III

6 John N. Wilborn

7 Attorneys for Plaintiff

EXHIBIT A

Activity

Checked/Unchecked Indicator: No
Type: Personal Name: General
Status: Completed
Original Notify Date: 07/07/2015
Notify Date: 07/07/2015
Due Date:
Subject: Flup On UW
Upon Completion Notify Linked Claim Owner(s): No
Mark As Priority: No
Activity Owner: Edmonds, Pam
Action:

Request Fields

Request: Edmonds, Pam 06/27/2015 17:02:24: verify uw rec'd

Created By: Edmonds, Pam
Created Date: 06/27/2015 17:02:24 Create Site: Portland

Response Fields

Response: Edmonds, Pam 07/07/2015 11:58:47: uw file rec'd 06.29.15

Completed By: Edmonds, Pam
Completed Date: 07/07/2015 11:58:47 Complete Site: Portland

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Document Detail

Checked/Unchecked Indicator: No

Document ID: 2015071316090079F523

Entry Date: 07/13/2015 16:09:05

Received Date: 07/13/2015

Date Added to Claim: 07/13/2015

Primary Doc Type: Claim Form

Secondary Doc Type: Employee Statement

Medical Provider:

Document Notes: EE, OCC, TPAU, AU

Work Notes:

Claimant Name: Dawn J McGinnis

Claim #: 11107633



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center
P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794
Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

For use with policies issued by the following Unum Group ["Unum"] subsidiaries:

Unum Life Insurance Company of America Provident Life and Accident Insurance Company
The Paul Revere Life Insurance Company

OUR COMMITMENT TO YOU

We understand that a disabling illness or injury may create emotional, physical and financial challenges and we want to do whatever we can to help you. You have our commitment to provide you with responsive service and to be understanding and sensitive to your circumstances during the claim process.

INSTRUCTIONS

When should you use this claim form?

Use this claim form to submit an Individual Disability claim to Unum.

Who is responsible for completing this claim form?

The information provided on this claim form will be used to evaluate your eligibility for disability benefits. Please provide complete and legible responses to ensure your claim is processed as quickly as possible. Please enclose any additional information you feel will assist us in the evaluation of your claim. During the evaluation of your claim, we may need to request additional information.

- **Individual Statement (pages 4-7):** Please complete this section of the claim form and fax it to 1-866-562-4794. If you prefer, it may be mailed to the address noted above.
- Please complete the name and date of birth fields at the top of every page for easy identification purposes in case the pages become separated.
- **Occupation Description Statement (pages 8-10):** Please complete this section of the claim form and fax it to 1-866-562-4794. If you prefer, it may be mailed to the address noted above.
- **Authorization to Disclose Information to Third Parties (page 11):** If you wish to give us permission to share the details of your claim with a third party (such as your spouse, son, daughter, friend, etc.), please sign and date this form and fax it to 1-866-562-4794. If you prefer, it may be mailed to the address noted above.
- **Individual Authorization (last page):** Please sign and date this form and provide a copy to your attending physician. Fax the completed form to 1-866-562-4794 or mail it to the address noted above.
- **Attending Physician Statement (pages 12-14):** Please complete Part I of this statement, then give this section of the claim form to the physician or treating provider primarily responsible for your care. Ask him/her to complete Part II and fax the completed form to 1-866-562-4794. If s/he prefers, it may be mailed to the address noted above.

Questions?

If, at any time, you have questions about the claim process or need help to complete this form, please call the above toll-free number. Our Contact Center is staffed with experienced professionals who can be contacted from 8 a.m. to 8 p.m. Monday through Friday.

**INDIVIDUAL DISABILITY CLAIM FORM**

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

Instructions (continued) / Claim Fraud Statements**Fraud Warning**

For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Maryland, New Mexico, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, Washington, and West Virginia require the following statement to appear on this claim form:

Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Alabama Residents

For your protection, Alabama law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Fraud Warning for California Residents

For your protection, California law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Colorado Residents

For your protection, Colorado law requires the following to appear on this claim form:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Warning for District of Columbia Residents

For your protection, the District of Columbia requires the following to appear on this claim form:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Fraud Warning for Florida Residents

For your protection, Florida law requires the following to appear on this claim form:

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Fraud Warning for Kentucky Residents

For your protection, Kentucky law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Warning for Minnesota Residents

For your protection, Minnesota law requires the following to appear on this claim form:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Fraud Warning for New Hampshire Residents

For your protection, New Hampshire law requires the following to appear on this claim form:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

Instructions (continued) / Claim Fraud Statements

Fraud Warning for New Jersey Residents

For your protection, New Jersey law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Fraud Warning for New York Residents

For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning for Pennsylvania Residents

For your protection, Pennsylvania law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fraud Warning for Puerto Rico Residents

For your protection, Puerto Rico law requires the following to appear on this claim form:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

INDIVIDUAL STATEMENT (PLEASE PRINT)

A. Information About You

Last Name										Suffix		First Name										MI									
MCGINNIS												DAWN										J									
Date of Birth (mm/dd/yy)										Social Security Number										Gender		Policy Number									
65										2675										<input checked="" type="checkbox"/> Female		01026705890									
Home Address																															
City										State										Zip											
PHOENIX										AZ										85016											
Cellular Telephone Number																															
1262																				9627											
The state in which you work																															
AZ																															
Employer Name (Self-employed but worked as a group under this name)																															
Park Central Anesthesiologists																															
Employer Address Billing office																				Employer Telephone Number											
300 W. Clarendon Ave 146																				602 239 1803											

Language Preference ☒ English ☐ Spanish

Please check all types of coverage you have with Unum.

☐ Short Term Disability Policy #: ☒ Long Term Disability Policy #: 01-02670589-0 ☐ Life Insurance Policy #:

B. Information About Your Disability Date

Date you are claiming your disability began (mm/dd/yy):	Date last worked (mm/dd/yy):	Number of hours worked on date last worked:
06/16/15	06/15/15	10 hours

C. Information About the Condition(s) Causing Your Disability

1. For sickness, answer the following questions then go to #4: (See "Information about the condition causing my disability" Addendum)

What is the name of your medical condition?	What were your first symptoms?
Spinal Stenosis	back pain (lumbar area)
When did you first notice the symptoms?	Date your illness began (mm/dd/yy):
04/10/2000	04/10/2000
	Date you were first treated (mm/dd/yy):
	04/10/2000

2. For an injury/accident, answer the following questions then go to #4:

What is the name of your medical condition?	Date the injury/accident occurred (mm/dd/yy):
N/A	
Where and how did the injury/accident occur?	

What are the symptoms related to your injury/accident?	When did you first notice the symptoms?
Date you were first treated (mm/dd/yy):	If related to a motor vehicle accident, was an accident report filed?
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state was the report filed?

CL-1020 (06/13)

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Claimant Name: Dawn J McGinnis

Claim #: 11107633

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

[illegible]

Claim #: 11107633

**INDIVIDUAL DISABILITY CLAIM FORM**

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

INDIVIDUAL STATEMENT (Continued) Please print your name and date of birth below for identification purposes

Individual's Name (Last Name, Suffix, First Name, MI)

Date of Birth (mm/dd/yy)

MCGINNIS DAWN J

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G. Information About Premium Funding for the Policy Year of Disability. The following information will ensure your benefit is taxed appropriately according to Federal and State regulationsDoes your employer have any involvement (direct payment, payroll deduction, cafeteria plans, etc.) with the premium payment(s) for your Individual Disability coverage? ☐ Yes ☒ No**H. Information About Physicians, Hospitals and Medications**

Please provide the following information about all your current medical treatment providers (physicians, hospitals, physical therapists, etc.). If you are being treated by more than three, please share the following information for each provider on a separate sheet of paper and include it with this form.

1. See "List of treating providers" (2 pages)

Provider Name

Mailing Address

Telephone No.

Specialty

City

State

Zip

Fax No.

Date of Last Visit (mm/dd/yy)

Date of Next Visit for this Condition (mm/dd/yy)

2.

Provider Name

Mailing Address

Telephone No.

Specialty

City

State

Zip

Fax No.

Date of Last Visit (mm/dd/yy)

Date of Next Visit for this Condition (mm/dd/yy)

3.

Provider Name

Mailing Address

Telephone No.

Specialty

City

State

Zip

Fax No.

Date of Last Visit (mm/dd/yy)

Date of Next Visit for this Condition (mm/dd/yy)

Please list any hospital emergency room visits/admissions you have had in the last 12 months. If you have had more than two, provide the following information for each emergency room visit/admission on a separate sheet of paper and include it with this form.

1. None

Hospital/Facility Name

Address

Date of Visit/Admission (mm/dd/yy)

Procedure

City

State

Zip

Date of Discharge (mm/dd/yy)

2.

Hospital/Facility Name

Address

Date of Visit/Admission (mm/dd/yy)

Procedure

City

State

Zip

Date of Discharge (mm/dd/yy)

Please list all current medications. If you are taking more than five, provide this information for each prescription on a separate sheet of paper and include it with this form.

Prescription Name

Dosage

Prescribing Physician

Pharmacy Name

1. Skelaxin (Metaxalone)

800mg

Zoran Maric MD

CVS (602)-728-0437

2. Valium (diazepam)

5mg

Zoran Maric MD

CVS (602)-728-0437

3. Norco (hydrocodone)

0.35mg

Kathleen Schwartz

CVS (602)-728-0437

4.

5.

**INDIVIDUAL DISABILITY CLAIM FORM**

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INDIVIDUAL STATEMENT (Continued)

Employee/Individual's Name (Last Name, Suffix, First Name, MI)

Date of Birth (mm/dd/yyyy)

MCGINNIS DAWN J

65

Fraud Warning: For your protection, Arizona law requires the following to appear on this claim form:

Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning: For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I. Signature of Employee/Individual

I have read and understand the fraud notices listed on pages 2 and 3 of this form. I also acknowledge that should my claim be overpaid for any reason it is my obligation to repay any such overpayment. The above statements are true and complete to the best of my knowledge and belief. (Your signature is required for benefit consideration.)

x

7/10/2015

Signature

Date

Reminder: Please sign and date the Authorization (last page of this claim form).



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center

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Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

OCCUPATION DESCRIPTION Please provide the following information about your occupation.**A. Information About You**

Individual's Name (Last Name, Suffix, First Name, MI)

Date of Birth (mm/dd/yyyy)

MCGINNIS DAWN J

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B. Information About Your Occupation

Job Title:

M.D. Anesthesiologist

Nature of Business:

Practice of Anesthesiology

Years with current employer: Sole proprietor
Working as group with other sole proprietors

Years in Occupation:

17 yrs

Annual Income:

400-543,000/year

Please advise the name, title, and telephone number of the person we should contact for additional information about your occupational duties.

Name:

Steve Donohue, M.D.

Title:

MD Anesthesiologist

Telephone Number

8086

Are you currently self-employed? ☒ Yes ☐ No

If yes, employer name:

Dawn J. McGinnis MD

7627

Do you work for another employer? ☐ Yes ☒ No

If yes, employer name:

Telephone Number

Do you have ownership interest in the business? ☒ Yes ☐ No If yes, in what percent? 100 %
Type of business entity: ☐ Regular Corporation ☐ S Corporation ☐ Partnership ☒ Sole Proprietorship

List and describe your occupational duties.

Duty

See "Daily Activities and duties of

Hours Spent Each Week: 50

Description:

An Anesthesiologist" addendum

Duty

Hours Spent Each Week:

Description:

Duty

Hours Spent Each Week:

Description:

Duty

Hours Spent Each Week: 1 1/2 - 3 hrs

Description:

Does your occupation require travel (other than to and from work)? ☒ Yes ☐ No If yes, how many hours do you travel per week?Do you supervise others? ☐ Yes ☒ No If yes, how many people do you supervise? None

How has your medical condition impacted your ability to perform these occupational duties?

Yes, please see "Evolution and progression of my symptoms of Spinal Stenosis"
addendum for full explanation

CL-1020 (06/13)

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Claimant Name: Dawn J McGinnis

Claim #: 11107633

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

[illegible]

Please see "Physical requirements of the Anesthesiologist"

oddendum för full explanation

(% of time performed)	Never	Occasionally (1 - 33%)	Frequently (34 - 65%)	Constantly (67 - 100%)	Item	Weight
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Climbing (Stairs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Squatting/Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Using Foot Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hand Use -Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left		
Hand Use -Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left		
Hand Use -Repetitive Motion	<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left		

Dominant Hand ☒ Right ☐ Left

Are there any other physical requirements of your occupation that you are unable to do as a result of your medical condition? ☐ Yes ☐ No

If yes, please explain: If I am not in an exacerbation I can perform the duties and activities of an anesthesiologist. However, these duties cannot be done without exacerbating my debilitating symptoms compromising my ability to provide a safe anesthetic to my patients.

Does your occupation require the performance of repetitive tasks? ☒ Yes ☐ No If yes, please describe: SRC "Evolution and Progression of

See "Daily activities and duties of an Anesthesiologist" my symptoms' addendum
~~additions~~

Cognitive Requirements: Does the job require (check all that apply):

- ☒ working under emergency, critical or dangerous situations.
- ☒ meeting deadlines.
- ☒ attention to detail.
- ☒ day-to-day contact with others (co-workers and/or the public).
- ☒ making independent decisions.

Are there any other cognitive requirements of your occupation that you are unable to do as a result of your medical condition? ☐ Yes ☒ No

If yes, please explain:

Equipment: Describe all equipment used to perform your occupation: Anesthesia Machine, Anesthesia Cart with supplies and medications, Ventilating & Intubating equipment, patient warming devices, positioning devices, blood warmers, syringes, needles, IV solutions, monitors, ventilator, time placement supplies

Environmental Conditions: Please check the amount of time you are exposed to the following elements:

Environmental Consideration	Never	Occasionally (1 - 33%)	Frequently (34 - 66%)	Constantly (67 - 100%)	Other
Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dust, Fumes, Gases	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vibrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise Intensity	<input type="checkbox"/> Quiet	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Loud		

Temperature: N/A
 Temperature: 60-65°
 Description: Witness

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Claim #: 11107633



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

OCCUPATION DESCRIPTION (Continued) Please print your name and date of birth below for information purposes

Individual's Name (Last Name, Suffix, First Name, MI)

Date of Birth (mm/dd/yy)

MCGINNIS DAWN J

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C. Information About Your Previous Work Experience

Please list any previous employment including any other positions held with your current employer.

Occupational Title	Employer Name	Dates Employed
Anesthesiology Residency	Maricopa Medical Center	1994-1998
Laboratory technician & assistant	Oral Roberts University - Biology dept	1983-1987
Cashier	Crown Buick dealership	1988-1990
Sales	Fashion Warehouse	1981-1982

D. Information About Your Education and Licenses

Please check highest level of education completed.

☒ Post Graduate - Years completed 14 yrs☐ College - Years completed _____☐ Trade/Vocational School - Years completed _____☐ GED - Date received _____☐ High School - Years completed _____

4 years Undergraduate school at Oral Roberts University (Biology degree)

2 years Pharmacy school (did not graduate because I was accepted into medical school)

4 years Medical School (MD) at University of Oklahoma

4 years Anesthesiology residency at Maricopa Medical Center (MD Anesthesiologist)

Please list all degrees, diplomas, certificates and licenses obtained. License holders should indicate the states of licensure and the expiration date of the licenses.

Degrees, diplomas, certificates and licenses. (See Above)	State of Licensure	Expiration Date of License
Medical License	Arizona	4/12/17
DEA number	Arizona	1/31/16
Diplomat of the American Board of Anesthesiology since 1999	N/A	N/A
Member of American Society of Anesthesiologists	N/A	Member Since 1998 - No Exp
Member of Az. Society of Anesthesiologists	N/A	Member in Arizona Since 1998 - No Exp

E. Signature of Individual

The above statements are true and complete to the best of my knowledge and belief.

X

Signature

Dawn J McGinnis MD

Date

7/10/2015

**INDIVIDUAL DISABILITY CLAIM FORM**

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

You are not required to sign this Optional Authorization. However, if you would like us to communicate with a family member, friend or other third party about your claim, we recommend completing the information below. Please sign and date the form as indicated and mail or fax it to the address or fax number indicated above.

Optional Authorization to Disclose Information to Third Parties

To assist in the evaluation or administration of my claim(s), I authorize Unum Group, its subsidiaries and duly authorized representatives ("Unum") to share personal health and financial information relating to my claim with the family members, friends, and/or other third parties listed below:

My Spouse: None
(Name) (Telephone Number)

Other Family Member: None
(Name / Relationship) (Telephone Number)

Other person: None
(Name / Relationship) (Telephone Number)

I authorize Unum to leave messages about my claim on my voicemail / answering machine.

☒ Yes ☐ No

I understand that information about my claim may include information about my health and that such information about my health may be related to any disorder of the immune system including, but not limited to, HIV and AIDS; use of drugs and alcohol; and mental and physical history, condition, advice or treatment, but does not include psychotherapy notes.

I do not wish the following information about my claim to be shared (leave blank if not applicable):

I further understand that the information is subject to redisclosure and might not be protected by certain federal regulations governing the privacy of health information.

I may revoke this authorization in writing at any time except to the extent Unum or the authorized recipient of my information has relied on it prior to receiving my notice of revocation. I may revoke this Authorization by sending written notice to the address above.

This authorization is valid for the shorter of two (2) years or the duration of my claim. I may request a copy of the Authorization and a copy shall be as valid as the original.

Dawn J. McGinnis M.D. 7/10/15
Individual's Signature Date

Dawn J. McGinnis M.D. 2675
Printed Name Social Security Number

I signed on behalf of the claimant as N/A (indicate relationship). If Power of Attorney Designee, Personal Representative, Guardian, or Conservator, please attach a copy of the document granting authority.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

**DISABILITY CLAIM FORM**

The Benefits Center

P.O. Box 100158, Columbia, SC 29202-3158

Pacific Time Zone Toll-free: 1-877-851-7637 Fax: 1-877-851-7624

All Other Time Zones Toll-free: 1-800-858-6843 Fax: 1-800-447-2498

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

Please sign and return this authorization to The Benefits Center at the address above. You are entitled to receive a copy of this authorization. This authorization is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

**Authorization to Collect and Disclose Information
(Not for FMLA Requests)**

I authorize the following persons: health care professionals, hospitals, clinics, laboratories, pharmacies and all other medical or medically related providers, facilities or services, rehabilitation professionals, vocational evaluators, health plans, insurance companies, third party administrators, insurance producers, insurance service providers, consumer reporting agencies including credit bureaus, GENEX Services, Inc., The Advocate Group and other Social Security advocacy vendors, professional licensing bodies, employers, attorneys, financial institutions and/or banks, and governmental entities;

To disclose information, whether from before, during or after the date of this authorization, about my health, including HIV, AIDS or other disorders of the immune system, use of drugs or alcohol, mental or physical history, condition, advice or treatment (except this authorization does not authorize release of psychotherapy notes), prescription drug history, earnings, financial or credit history, professional licenses, employment history, insurance claims and benefits, and all other claims and benefits, including Social Security claims and benefits ("My Information");

To Unum Group and its subsidiaries, Unum Life Insurance Company of America, Provident Life and Accident Insurance Company, The Paul Revere Life Insurance Company, and persons who evaluate claims for any of those companies ("Unum");

So that Unum may evaluate and administer my claims, including providing assistance with return to work. For such evaluation and administration of claims, this authorization is valid for two years, or the duration of my claim for benefits, whichever is shorter. I understand that once My Information is disclosed to Unum, any privacy protections established by HIPAA may not apply to the information, but other privacy laws continue to apply. Unum may then disclose My Information only as permitted by law, including, state fraud reporting laws or as authorized by me.

I also authorize Unum to disclose My Information to the following persons (for the purpose of reporting claim status or experience, or so that the recipient may carry out health care operations, claims payment, administrative or audit functions related to any benefit, plan or claim): any employee benefit plan sponsored by my employer; any person providing services or insurance benefits to (or on behalf of) my employer, any such plan or claim, or any benefit offered by Unum; or, the Social Security Administration. Unum will not condition the payment of insurance benefits on whether I authorize the disclosures described in this paragraph. For the purposes of these disclosures by Unum, this authorization is valid for one year or for the length of time otherwise permitted by law.

Information authorized for use or disclosure may include information which may indicate the presence of a communicable or non-communicable disease.

If I do not sign this authorization or if I alter or revoke it, except as specified above, Unum may not be able to evaluate or administer my claim(s), which may lead to my claim(s) being denied. I may revoke this authorization at any time by sending written notice to the address above. I understand that revocation will not apply to any information that Unum requests or discloses prior to Unum receiving my revocation request.

Dawn J. McGinnis MD
Insured's Signature

7/10/15
Date Signed

Dawn J. McGinnis MD
Printed Name

-2675
Social Security Number

I signed on behalf of the Insured as N/A (Relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.

CL-1020-AUTH (06/13)

Claimant Name: Dawn J McGinnis

Claim #: 11107633

**WORKING ENVIRONMENTAL CONDITIONS FOR THE
ANESTHESIOLOGIST**

- 1. HEAT:** Not an issue usually.
- 2. COLD:** The operating room is on the average 60-65 degrees continuously.
(constantly)
- 3. DUST, FUMES, GASES:** We are exposed to anesthetic gases, especially with mask ventilation and pediatric mask inductions. We are also exposed to gases/fumes/smoke from the cauterization device that burns and cuts flesh during surgery. The laser device also gives off fumes/smoke and we need to wear special masks around our face and nose to decrease the risk of infection from viruses that are aerated. (frequently)
- 4. WETNESS:** Depends on the type of procedure being done. It is common for saline fluids contaminated with blood to run onto the floor causing some flooding during arthroscopy cases. This includes scopes of the knee and shoulder. Urology scope cases can also cause flooding onto the floors. Many procedures cause blood to run off the OR table onto the floor. (occasionally)
- 5. VIBRATIONS:** Vibrations are common with orthopedic (bone) procedures that use electric saws and manual hammers. (occasionally)
- 6. NOISE INTENSITY:** I try to keep the level of noise down so I can hear my monitors beeping and the warning bells. Some surgeons play music during the procedure at various intensities. The bone saws and hammers are pretty loud but are usually used in short intervals. (moderate)

Document Detail

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Work Notes:

Claimant Name: Dawn J McGinnis

Claim #: 11107633

PHYSICIAN QUESTIONNAIRE

The Benefits Center
P.O. Box 100262
Columbia, SC 29202
Toll Free: 1-888-226-7959 Fax: 1-866-562-4794

Instructions: For Group-sponsored policies – the employer should complete this form.
For Individual policies – the insured should complete this form.

Claimant's Name: <u>Dawn J. McGinnis MD</u>	Social Security Number: <u>-2615</u>
Policy Numbers: <u>01026705890</u>	Job Title: <u>MD Anesthesiologist</u>
Years with employer: (Self Employed) <u>17 years</u>	Annual Income: <u>\$400 - 543,000</u>
Years in occupation: <u>17 years</u>	

Please check the applicable type of business entity and provide the claimant's ownership percentage, if applicable:

☒ Sole Practitioner ☐ Partnership _____% ☐ Practice/Group Practice _____%

Please check the type of practice the claimant is engaged in:

☒ Private Practice ☐ Hospital or Clinical ☐ Government or Municipality ☐ Other (i.e. Military, Teaching, etc.).

Indicate field(s) of specialty. MD Anesthesiologist

Was the claimant practicing full time in his or her specialty immediately prior to disability? Yes ☒ No _____

If the answer to above question is "NO", please indicate in what area of medicine the claimant was actually practicing (i.e., General Practice, Administration, etc.) N/A

What is the percentage of time spent in office seeing patients 0 %
What is the percentage of time spent performing administrative tasks 5 %
What is the percentage of time spent doing hospital rounds 0 %
What is the percentage of time spent working with medical students/interns 0 %
Indicate treatment techniques performed. General Anesthesia in the operating room both inpatient and outpatient, sedation, general Anesthesia, nerve blocks, spinal & epidural anesthesia, pain management in the OR and recovery stay.

If surgery is a part of the claimant's job duties, please list procedures typically performed and the hours per week spent in surgery.

I am not a surgeon. I am an anesthesiologist working in the OR before the onset of disability. I administer anesthesia to the patients so surgery can be accomplished.
Average time spent in OR per week is 50 hours.

How often is the claimant on call? 4-5 days/month

Please list all affiliations with Hospitals and/or Universities

St. Joseph's Hospital and Medical Center and Outpatient Surgery Center
Good Samaritan Hospital and Outpatient Surgery Center.

1111-02-WORC (06/08)

(I also worked in various other surgery centers not associated with a hospital)

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Physician Questionnaire - Page Two

Average hours the claimant worked per week for the one-year period prior to disability:

- a) At your specific specialty 50 hours: from 6:30 am/pm to 5:00 am/pm
 b) At your office 0 hours: from _____ am/pm to _____ am/pm
 c) At a hospital 50 hours: 8 Outpatient from 6:30 am/pm to 5:00 am/pm
 d) Other _____ hours: Surgery from _____ am/pm to _____ am/pm
Centers

If the claimant is working part time, please list the hours working per day:

From N/A am/pm to _____ am/pm.Number of hours traveled each week for job (excluding to and from work) 1 1/2 - 3 hours.

Who does the medical billing for this practice?

PCA Anesthesia Services
300 W. Claredon Ave Suite # 142
Phoenix, AZ 85013 (602) 234-1803 Fax (602) 234-3748

**Please forward, under separate cover if necessary, CPT/ADA codes billed for the 12 month period preceding claim. (included)

Number of persons the claimant supervised and their titles:

0

PLEASE LIST OTHER DUTIES NOT INDICATED:

Duty N/A Hours spent each week _____
 Description _____

Duty _____ Hours spent each week _____
 Description _____

Duty _____ Hours spent each week _____
 Description _____

Duty _____ Hours spent each week _____
 Description _____

Please describe sitting, standing and walking requirements and durations (indicating any uninterrupted periods of time and total per day). Please also indicate if job can be performed by alternating sitting and standing.

Administration of anesthesia mostly encompasses standing & bending over the patient for direct care, continuously moving in the operating room (OR) and walking to & from Preoperative area, the OR, and the recovery room for each patient and with the patient. Sitting is only an option in longer stable cases. Some days the case turnover time is so rapid there is no time to sit at all (Please see "Daily activities & Of the above duties, please list those that the claimant is able to perform at this time. duties of an anesthesiologist" addendum)
While I can stand, push the beds and patients bend over & administer anesthesia, I cannot do these activities without exacerbating my debilitating symptoms that cause low back pain and severe muscle spasm putting the patient at risk. Since this low back pain and muscle spasm can occur unpredictably, I cannot perform my duties as an anesthesiologist safely.
(See "Evolution and progression of my symptoms of spinal stenosis" addendum)

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Physician Questionnaire - Page Three

How has disability affected the claimant's performance of the job?

See "Evolution and progression of my symptoms of spinal stenosis" addendum for full explanation

Cognitive Requirements:

Does this job require (check all that apply):

- A. the performance of duties under stress when confronted with emergency, critical, unusual or dangerous situations ☒
 B. maintaining working speed, i.e. meeting deadlines in the performance of duties ☒
 C. sustained attention in the performance of duties ☒
 D. the performance of work where supervision or contact with others is minimal ☒ * as may occur in early or late hours of outpatient center or in auxiliary parts of the hospital
 E. regular contact with others (co-workers and/or public) in the performance of duties ☒
 F. making independent judgments ☒
 G. the performance of repetitive tasks ☒ If so, please describe See "Daily activities and duties of an Anesthesiologist" addendum for full explanation

IN TERMS OF AN 8 HOUR WORKDAY, THE JOB REQUIRED: See "Daily activities and duties" addendum

Lifting:		(check all height categories that apply)						Items lifted: <u>equipment, IV poles, bags of fluids, monitors, drug drawers, patients, body parts</u>
From:	<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Knee	<input checked="" type="checkbox"/> Waist	<input checked="" type="checkbox"/> Chest	<input checked="" type="checkbox"/> Shoulder	<input checked="" type="checkbox"/> Above head		
To:	<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Knee	<input checked="" type="checkbox"/> Waist	<input checked="" type="checkbox"/> Chest	<input checked="" type="checkbox"/> Shoulder	<input checked="" type="checkbox"/> Above head		

Describe overhead work: hooking monitors, plugging in equipment, moving screens, etc lights, IV fluids & poles

Maximum lbs:	1	2	3	4	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	Over 80
Frequently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrying: Drug drawers, equipment See "Daily activities and duties" addendum for full explanation

* Pushing/Pulling: Patients & Beds, or Table Weight Varies Distance Varies Times per day at least 5x5

Body Motions:	Not Required	Occasionally 1 to 33%	Frequently 34 to 66%	Constantly 67 to 100%
% of time performed				
A. Climbing* (Stairs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
B. Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
C. Bending/Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
D. Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
E. Squatting/Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
F. Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
G. Reaching	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
H. Use Foot Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
I. Twisting	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
J. Hand Use - Simple Grasping	<input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/>
K. Hand Use - Fine Manipulation	<input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/>
L. Hand Use - Repetitive Motion	<input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input type="checkbox"/> Left <input type="checkbox"/>	Right <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/>

Describe any other equipment, including computer, used to perform job: Computer, anesthesia machine with ventilator, anesthesia cart, glide scope and intubating equipment, blood warmers, rolling beds, ventilatory equipment (etc)

Indicate claimant's hand dominance: ☒ Right hand ☐ Left hand

(See "Daily activities & duties" addendum)

Physician Questionnaire – Page Four

See "Working environmental conditions" addendum

Environmental Conditions:	Not Required	Occasionally	Frequently	Constantly
% of time exposed		1 to 33%	34 to 66%	67 to 100%
A. Heat	X			
B. Cold				X
C. Dust, Fumes, Gases			X	
D. Wetness		X		
E. Vibrations		X		
F. Noise Intensity	Very Quiet	Quiet	Moderate X	Loud Very Loud

Additional comments on Physical Requirements: See "Daily activities and duties" addendum for full explanation

Previous Employment (Please include any other positions held with current employer):

Occupational Title	Employer Name	Dates Employed
Anesthesiology resident	Maricopa Medical Center	1994-1998

Please list any other employment.

Lab technician and assistant in undergraduate school
 Cashier in a car dealership
 Worked various jobs waitressing and in sales for a department store and a gift shop
 Worked some summers in a computer factory assembling computer parts.

Does the claimant have a non-compete agreement with current employer? Yes _____ No X

Indicate the highest level of education completed by the claimant.

- ☒ Post Graduate – Years completed 14 years
☐ Other Graduate Degrees _____
☐ Other College Education _____

(See CV)

4 years Undergraduate School (Biology degree)
 2 years Pharmacy School (did not graduate because I was accepted to medical school)
 4 years Medical School (M.D.)
 4 years Anesthesiology residency (M.D. Anesthesiology)

Please specify degree(s), diploma(s), certificate(s); license(s)** and area of concentration, professional associations, board certifications, licenses in other professions.

**License holders should indicate the state(s) of licensure and the expiration date of the license(s).

Medical license state of Arizona # 24002 Renewed for 2 years on 4/12/15
 DEA number Exp 1/31/16 State of Arizona
 Diplomate of the American Board of Anesthesiology 1999
 American Society of Anesthesiologists member & Arizona chapter member since 1998

I HEREBY DECLARE THAT ALL STATEMENTS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated <u>7-10-2015</u>	Signed <u>Dawn J McGinnis MD</u>
Printed Name of Person Completing Form	Title of Person Completing Form

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Document Detail

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Work Notes:

Claimant Name: Dawn J McGinnis

Claim #: 11107633

LIST OF TREATING PROVIDERS:

NAME	ADDRESS	TELEPHONE #	DATES OF TREATMENT
Zoran Maric MD OrthoArizona Spine Surgeon	333 W Thomas Rd Suite# 202 Phoenix, Az 85013	(602)-274-0480 F: (602)-274-2271	5/12/2010 to present 6/17, 6/23/2015
Nicholas Theodore MD Barrow Neurosurgical Associates Neurosurgeon	2910 N 3rd Ave Phoenix, Az 85013	(602)-406-3181 F: (602)-264-2417	7/1/2010
Raj Singh MD Barrow Neurosurgical Associates Neurologist and Neuro Rehab	2910 N 3rd Ave Phoenix, Az 85013	(602)-406-3181 F: (602)-264-2147	7/13/2010 to 2/28/2011
Rick Little PT Barrow Neurosurgical Associates Physical Therapy	2910 N 3rd Ave Phoenix, Az 85013	(602)-406-3181 F: (602)-264-2417	7/27/2010 to 5/12/2011
David Kush MD Anesthesiologist Performed Epidurals	300 W Claredon Ave Ste#142 Phoenix, Az 85013	(602)-234-1803 F: (602)-234-3748	6/11, 6/17, and 7/1/2010
Nida K. Laurin MD NKL Neurology Neurologist	9458 E Ironwood Square Dr. #101 Scottsdale, AZ 85258	(480)-314-2099 F: (480)-314-2313	9/21 and 9/29 2010

Claimant Name: Dawn J McGinnis

Claim #: 11107633

NAME	ADDRESS	TELEPHONE #	DATES OF TREATMENT
Michael Powers MD Affiliated Neurologists, LTD Neurologist	525 N 18th St, Suite #602 Phoenix, Az 85006	(602)-271-0950 F: (602)-258-1386	3/21/2011
Jack O. Sipperly MD Barnet Dulaney Perkins Eye Ctr Ophthalmologist	4800 N 22nd Street Phoenix, Az 85016	(602)-955-1000 F: (480)-413-0032	7/23, 7/24, and 9/9/2010
George Yanik MD Affiliated Eye Surgeons Ophthalmologist	3330 N 2nd Street Phoenix, Az 85012	(602)-263-9345 F: (602)-263-0778	7/7, 7/13/2010
Susan Shelton, L. AC. Shelton Clinic Acupuncture/Oriental medicine	6630 N 47th Ave Suite #6 Glendale, Az 85301	(623)-937-9125 F: (623)-937-1435	2010-present
Richard Zipnick MD Spine surgeon	Biltmore Medical Mall 2222 E Highland # 400 Phoenix, Az 85016	(602)-553-3113 F: (602)-667-7991	4/2000
Louis Lopez MD Urgent Care and Family Medicine	521 W Thomas Road Phoenix, Az 85013	(602)-631-9877 F: (602)-631-4093	4/10/2000

Claimant Name: Dawn J McGinnis

Claim #: 11107633

INFORMATION ABOUT THE CONDITION CAUSING MY DISABILITY

4/10/2010 First time I had symptoms of low back pain, MRI ordered by my primary care physician at that time, Louis Lopez MD, MRI done at McAuley Outpatient Radiology, 500 W Thomas Rd, suite # 150, Phoenix, Az 85013 (602)-406-6734. MRI showed broad-based disc protrusion at L4-L5 toward the left, mild narrowing of the inferior left neural foramen. I was referred to spine Dr. Zipnick on 6/1/2000. Dr. Zipnick prescribed me Flexaril but only one dose was taken due to the side effect of severe drowsiness. Dr. Zipnick then prescribed me Skelaxin which has less side affects. I have been on Skelaxin since for episodes of back pain. I don't know if this doctor is in practice or moved out of state but I never saw him again. I do remember shortly thereafter, I was seen by a chiropractor (I don't remember his name and I don't think he practices anymore). I do remember that he treated my back pain with a nerve stimulator. I also remember being scheduled for a lumbar epidural with an anesthesiologist but then cancelled the appointment because the Skelaxin had worked so well for me. Over the next 10 years I have had periodic times and episodes of low back pain that I took NSAIDS and Skelaxin for. However, I continued to work full time as an anesthesiologist.

5/12/2010 Ten years have now passed with periodic back pain and spasm as described above until I was at work practicing the regular duties of anesthesiology when my legs started feeling numb in the afternoon. It felt like I was "walking on pillows". My legs became more numb and I continued to do cases with my surgeon until 3am. I went in for an emergency MRI after talking to Dr. Zoran Maric on 5/13/10. MRI showed L4-L5 spondylosis and facet degenerative changes, broad-based central-left disk protrusion with annular fissure and mild narrowing of the central canal and bilateral neural foramina. After a day or two I started having severe debilitating back pain which prevented me from standing upright. The area around L4-L5 was intensely painful to touch & the numbness in my legs turned into an unbearable extremely intense "burning" sensation from L4-L5 (the waist) down both of my legs and into the feet. The area was so painful to the touch that I could not wear any underclothing or any clothing around my waist or legs. I wore loose fitting dresses for well over a year. My feet were not only burning but it felt like I walking on a bed of nails. The heat of outdoors would make the pain unbearable and I could not wear anything on my feet but flip flops. I could not walk barefoot until only recently. The burning and the pressure of the friction on my back was intolerable with walking. Both the back pain and

neurologic pain were excruciating. If you would touch my legs or buttocks or feet you feel intense heat radiating from that area of the body while the rest of my body was normal temperature. I was not able to sit in a chair that would press on the L-L4 area. I was only able to sit or stand for minutes at a time and had to lay down to relieve the pressure from the the spine. I spent the next 6 months laying down 90% of the day and only doing necessary things including going to the bathroom and showering.

My mother had to live with me during this time of my disability.

I took hot baths with epsom salts to try to relax the spasm of the back muscles. Then I put cold Biofreeze gel on the lumbar back area to cool the back. And because of the hot water from the baths my neurologic symptoms would become even more unbearable so I had to sleep on a cold gel mattress and wore cold gel booties that I kept in the freezer and exchanged out. I could not lay on my back for the next year without excruciating pain. My legs and even my skin began to hurt to touch. I had to get into the freezing cold pool naked for a few minutes, get into bed hunched over and sleep on my left side on a cold mattress from the freezer without anything touching, no covers, just to get one hour of sleep before I would wake up again "on fire".

Dr. Maric did not recommend surgery but did prescribe a series of epidural steroid injections with Dr. Kush. I completed a series of 3 injections and after a few days after the 3rd injection I woke up with blurry vision without distance vision nor depth perception. I then went to see Dr. Yanik, an ophthalmologist, who did a retinal study which showed retinal detachment in both eyes due to fluid build up behind the retinas from steroid side effects. I then went to see Dr. Sipperly, another ophthalmologist, who specializes in retinal issues who confirmed findings and recommended doing nothing as most of these cases resolve within the next year without laser surgery. I did not have full normal vision until about a year or so later.

I did get a second opinion from Dr. Theodore at BNI (Barrow's Neurological Institute) about my back. He agreed with Dr. Maric and did not think surgery was appropriate. However, he referred me to Dr. Singh for a neurology consultation, physical therapy and rehabilitation. I then had a full workup with Dr. Singh, including EMG studies and he set me up with Mr. Rick Little for physical therapy. I worked with them doing everything recommended for almost a year. Dr. Singh wanted to rule out multiple sclerosis and sent me to see Dr. Laurin who did a full work up including extensive lab tests and a brain study. The MRI of my brain showed no evidence of demyelinating disease, so multiple sclerosis was ruled out and I was sent back to Dr. Singh to continue under his care and physical therapy. I was also referred by Dr. Maric to Dr. Powers, another neurologist, for a third neurologic opinion.

It was during this time that I filed my first claim with you for disability. Over the months the back pain lessened but the "burning, "walking on nails" feeling and pain from L4-L5 on down my legs and feet persisted. It has lessened over the last 5 years but still persists and has not completely resolved. It has become bearable and I went back to work about a year after these symptoms first started.

I started seeing Susan Shelton for acupuncture, as another option, months after all this started and she has been treating me since for back pain and the neurologic pain. She has prescribed me supplements for muscle spasm, natural anti-inflammatory supplements, and alpha lipoic acid, (anti-oxidant) for the nerve pain.

I have also been going to reflexology for the last 5 years to help relieve the neurologic symptoms.

Since going back to work in 2011, I have had recurrent episodes of back pain and muscle spasm that have progressively gotten more intense, and more frequent especially this last year. The neurologic pain seems to have stabilized at about 20% the original intensity from 2010 and remains the same. However, the symptoms intensify when I have a long working day and when I am on call and on my feet for long periods of time. I have been wearing special shock absorbing shoes everyday to work since 2010.

Over the years I have had repeat MRI's from Dr. Maric and Dr. Singh when I would have more severe episodes. Dr. Maric has been prescribing me Valium and Skelaxin as episodes would occur.

My main diagnosis has been spinal stenosis and unfortunately my duties as an anesthesiologist continue to exacerbate my symptoms. As I continue to work as an anesthesiologist, episodes of back pain and spasm have become more frequent and more difficult to recover from and have become unpredictable in onset putting myself and patients at risk for injury and possible death. Please see addendum on "Daily Activities and Duties of an Anesthesiologist" to understand how the practice of anesthesiology affects patients and myself.

5/15/2015 I was still working full time practicing anesthesiology on this day. I had a full day of cases and my last case was added onto my schedule. It lasted 5 hours, was an obese patient and was a very laborious case. I completed the day around 6pm and went home. The next day I had a full schedule. I woke up early and couldn't move my back due to severe spasm and pain. I could not get out of bed and could not get up. I called my office and got someone else, who thankfully had no cases for the day, to take over and do all my scheduled cases. I called Dr. Maric and he called in a prescription for Skelaxin. I already had some Valium left over as I use this medication

sparingly so I did not need another prescription for Valium at the time. I took the Valium as I keep them by the bed and slept the entire day. That evening Susan Shelton came to my home to do acupuncture on me for the next few days. I made an appointment with Dr. Maric to see him in his office, then got another MRI. This latest MRI showed: Mild disease degeneration at L4-L5. Mild facet joint arthropathy in the lower lumbar spine. At L4-L5 there is a broad-based left paracentral disc protrusion and annular fissure with mild narrowing of the thecal sac, mild right and moderate left lateral recess narrowing. Dr. Maric told me that our options are limited. Surgery is not an option since the risks are high for worsening symptoms. Dr. Maric offered me steroid epidurals or steroids by mouth which we decided that due to the previous episode of bilateral retinal detachment, that steroids would be inappropriate. Lastly, he offered physical therapy which I am willing to do however, PT can only temporarily help with mobility and core strengthening but cannot change the pathology of the spine or fix spinal stenosis. The symptoms will continue to reoccur as soon as it is exacerbated again performing the duties of anesthesiology. The issue will never fix or heal itself. It is a situation that will worsen with age and will continue to cause debilitating pain and spasm with the duties of anesthesiology. At this time, the neurologic symptoms have not worsened. The neurologic symptoms are still currently at 20% level of intensity from initial appearance in 2010. However, I have noticed left heel numbness since last seeing Dr. Maric but it seems to be resolving over the last few weeks.

It is at this point that I decided to file for permanent disability due to the risks of critically injuring a patient and exacerbating my pathology while performing the daily activities and duties of an anesthesiologist.

DAILY ACTIVITIES AND DUTIES OF AN ANESTHESIOLOGIST

1. SETTING UP THE OR: I set up my room and prepare for the patient's needs before seeing the patient in the preoperative area. Setting up the OR includes, moving the anesthesia machine into proper position, making sure it has passed inspection, checking all the tubes and choosing the appropriate mask and attaching it to the machine, checking the machine for leaks, ensuring anesthetic gases are full, turning on and checking the monitors, and preparing the appropriate airway devices are ready for use and set out. This includes ventilatory equipment such as oral airways, nasal airways, endotracheal tubes, laryngoscope, possibly a glide scope, LMA's, etc. Set up also includes moving anesthesia cart into proper position, getting a drug tray if not stocked, going to a Pyxis machine and taking out narcotics and special medications needed that are not included in the regular drug tray. Set up includes possibly moving the OR table into proper position and making sure it is locked. Blood warmers and tubing is set up with a hot line and line placement equipment and supplies are set out for use, such as: IV's, arterial line catheters and equipment, and central line kits. We ensure a patient warming device is in the room and open the appropriate plastic blanket for the procedure. If any of this equipment is not in the room we have to get the items and equipment from the stock rooms or call an anesthesia technician if they are not busy. We also choose syringes and draw up the appropriate medications and label them. We also set up and put to the side emergency medications.

2. PREOPERATIVE VISIT AND PATIENT EVALUATION: After the OR is set up and ready for use I walk to the preoperative unit where the patient is located. Here I find and retrieve the chart, look through medical records, get on the computer to find further information and type in orders as necessary for patient preparation for the OR. I begin anesthetic charting and document all the pertinent medical facts about the patient. I lean over the patient to do a quick physical exam, listen to the lungs and heart, and complete an airway assessment. I talk to the patient to confirm the medical history and determine if any further tests are required, a consultation, or medical treatment is necessary. This would include such things as an EKG, a cardiology or pulmonary consultation, a breathing treatment, a blood sugar, a chest xray, treatment of hypertension or abnormal blood sugar with medications and further testing. I then relay information to the patient about what the anesthetic encompasses and the general procedure. I discuss risks and possible additional lines that may be necessary or problems that are specific to the case type or the patients medical conditions. These things may include information about possible blood transfusions, possible difficult airway, necessary arterial line placement, possible difficulty with getting a patient to breathe on their own at the end of the case requiring ICU stay and mechanical ventilation. After all questions are answered and

risks discussed I have the patient sign a consent for anesthesia. If I determine any additional equipment, medication or supply is needed after seeing the patient I walk back to the OR to get those things prepared. If the nurses cannot get an IV then it is my responsibility to place one in the preoperative area. Sometimes this takes multiple attempts as I have to bend and lean over the patient. In some patients it may be very difficult to insert an angiocatheter into a vein (IV) in order to administer IV fluids and medications. In this situation the case may be cancelled for special placement of a deep vein upper arm catheter with ultrasound equipment by a specialized nurse or the patient will go to the OR for central line placement by the anesthesiologist if the case is urgent or emergent. Central line placement is a sterile procedure of placing a large Intravenous tube into a large neck vein associated with more serious risks not associated with a peripheral IV. If IV access is acquired, I then pre-medicate the patient with a sedative and antiemetics.

3. TRANSPORT TO THE OR: I then push the bed and the patient to the OR suite usually only with one nurse guiding the foot of the bed. There are different types of beds. The easiest to push of the three is the gurney, the second heaviest is the ICU bed and the most difficult bed is the "bathtub" beds for the quadriplegics. The amount of strength required to push these beds depends on the bed type, the weight of the patient, how well the wheels are functioning, how much help I have, how many IV poles, medication pumps and equipment are with the patient and how far the distance is to the OR. I have been pushing these beds for every case up until 2010. I have refused to push the two of the heavier beds and have especially tried to get other staff to push the heavier patients since returning to work in 2011. However, sometimes extra assistance is not available and I must push the beds with the patients on them.

4. OPERATING ROOM SUITE: Once we arrive in the operating room, the nurse and myself then push and pull the bed to the side of the OR table and lock it. We then move the patient from the bed to the OR table. The difficulty and strength required to do this depends on how well the patient can move themselves, how heavy the patient is, how well the roller is working and how much help we have in the room. Basically, I have to bend over the patient from the head, push them to their side while a roller is placed, and lift their head and shoulders as the others push the patient over to the OR table. Once on the OR table we need to position the patient again. Sometimes we having to lift the patient for various of reasons, such as repositioning a slipped gel pad or bean bag or move the patient further down on the OR table, etc. I then have to lean over the patient and place the arm boards and secure their arms. If any further movement of the patient for positioning is needed then the arm boards have to be repositioned while leaning over the patient. Placement of the arm boards can be tricky and is really tough on the back. I then lean over and reach across the patient to place all the monitors. This includes 3-5 EKG pads, blood pressure cuff, pulse oximetry, and then place oxygen on the patient face with a mask.

5. INDUCTION OF ANESTHESIA: I administer oxygen by mask and then most often induce anesthesia by leaning over the patient and placing medications in their IV. The patient then stops breathing and now I must manually mask ventilate the patient. I use the mask and usually place an oral airway and manually squeeze a re-inflatable bag to push air into the lungs of the patient. Once I establish I can ventilate the patient and depending on the type of case, I administer a paralytic medication. I then mask ventilate the patient for an average of 3-5 minutes to give the medication time to work before intubation (placing a tube into the trachea of the patient). There are many issues concerning mask ventilation, difficulty and related pressure and therefore physical labor that must be applied to the bag and mask for each patient. Commonly the most difficult patients to mask ventilate are the obese. Many and perhaps most patients with obesity have related sleep apnea. Sleep apnea for the general public is snoring. For an anesthesiologist who renders a sleep apnea patient medications that stop the patient from breathing means a possible collapse of the oropharyngeal tissues. When this happens it takes much effort and pressure to get a mask seal on the patients face and then to squeeze the bag to get air into the lungs. Sometimes it may require two anesthesiologists to ventilate these patients. One to hold the mask on the face and one to squeeze the bag. To hold the mask on a patients face I have to lift forcefully on the jaw and hopefully lift the oropharyngeal tissues out of the airway so that air can be forced through and into the lungs. Due to jaw and facial abnormalities, and most commonly obesity the force and strength to accomplish this may be incredible and extremely stressful to the back. Remember, that I am accomplishing all this while leaning over the patient. This time of ventilation may be extremely stressful as I prepare to intubate the patient which usually is difficult also because of the patients obesity. During this time of mask ventilation I may be leaning and reaching over the patient for extended periods of time and under extreme duress and labor. The distance that I have to reach and extend myself over the patient varies depending on how far the patient has been positioned on the OR table before being put to sleep. In the mean time, the anesthesiologist is frequently twisting around to see the monitors during all of this activity and twisting and reaching to obtain supplies. Other reasons for difficult mask ventilation includes: facial abnormalities, neck and facial radiation, previous jaw surgery or fractures preventing mouth opening, beards preventing mask seal on the face, facial and neck tumors, large thyroids, pneumonia, bronchitis, collapse of a lung, asthma, restrictive airway diseases, pulmonary edema, trauma to the chest and lungs and laryngospasm. Laryngospasm can happen to any patient during mask ventilation before intubation, during the operation if an LMA is used (a tube that does not go through the vocal cords) or after extubation (taking the tube out of lungs) and even in the recovery room. Laryngospasm entails vocal cord closure preventing air from entering and inflating the lungs. Treatment for this situation is emergent high pressure continuous positive pressure. Which means I must seal the mask on the patients face as best as I can and squeeze the bag holding pressure against the vocal cords. This activity for the anesthesiologist is not only stressful but extremely laborious and causes extreme duress physically on the back. If this doesn't break the spasm of the vocal cords then we administer a short acting muscle relaxant and paralyze the vocal cords. Another problem that is not that uncommon is the

asthmatic who has an asthma attack after induction (being put to sleep) or after intubation and even after extubation and in the recovery room. It is difficult to push air into these patients because their lungs are in bronchospasm limiting the amount of oxygen you can get into the lungs. If this happens after induction, the treatment is to force ventilate as much as you can and to intubate (place a tube into the trachea) as soon as possible and then treat with medications through that placed endotracheal tube into the lungs. This situation also may cause prolonged and extreme duress on the back because so much force is needed to mask ventilate these patients.

6. INTUBATION (placing a tube into the trachea): After ventilating the patient by mask and the patient is paralyzed or deeply anesthetized I place an endotracheal tube (tube in the trachea) or an LMA (tube that "cups" the vocal cords but does not go through them) depending on the risk factors and the type of procedure. The definitive airway or "gold standard" is the proper placement of an endotracheal tube. If an LMA is chosen, all the previously mentioned problems are still a risk since the vocal cords are not prevented from closing such as in the case of laryngospasm. It happens quite frequently that an LMA may not "fit" properly and it may require multiple attempts to place and obtain an appropriate seal to work correctly. Sometimes I cannot obtain an appropriate seal and fit with the LMA and the patient will need to be intubated with an endotracheal tube. This requires removing the LMA and continuing to mask ventilate the patient as discussed above in between attempts. It has happened that an LMA will be placed easily and in the middle of the procedure the patient may cough and dislodge the LMA or the patient may have laryngospasm or an asthma attack forcing the anesthesiologist to use high pressures to manually mask ventilate the patient before another tube (the gold standard endotracheal tube) can be placed. An endotracheal tube (tube placed into the trachea) is the definitive airway. However there may be difficulties in placement of the endotracheal tube. Some patients have "difficult" airways. There are factors to look for in the patient's anatomies but sometimes a difficult airway is not always obvious until I get the patient to sleep. The most common patient with a difficult airway is the obese patient. This patient is most commonly difficult to mask ventilate and to intubate. The obese patient has very little oxygen reserve for keeping their oxygen saturations at a normal level and therefore not only is ventilating and intubating more difficult but I am on a time race as these patients can drop their oxygen levels to critically low levels very rapidly as indicated by a pulse oximeter. These patients are also at a high risk of aspiration. Aspiration occurs when the stomach's contents are regurgitated and enter the airway and lungs after the patient is asleep. The risk of aspiration increases with how long a patient is ventilated by mask, how patent the airway is, pathology of the stomach preventing emptying (diabetes, obesity, bowel obstruction, hiatal hernia, a recent meal, and emergency status) and if an endotracheal tube is improperly placed (endotracheal tube is placed into the esophagus instead of the trachea and gases are pushed into the stomach). Other issues of the obese include thick neck causing problems with neck extension needed for intubation, smaller mouth aperture, large tongues, large breasts that impede airway management along with mask ventilation problems. To intubate we

use a laryngoscope, which is a hand held metal rounded instrument shaped like the back of a banana. We insert this instrument directly into the mouth, extend the neck, sweep the tongue to the side and lift up in order to visualize the vocal cords. If the vocal cords are visualized I then attempt to insert a endotracheal tube between the vocal cords. Placement and lifting of the laryngoscope against the patients anatomy may be very difficult and require a lot of strength for some patients. This is another vital issue with anesthesia that is strenuous on the back muscles. The position entails bending over the patient like most other activities of the anesthesiologist. Once the endotracheal tube is placed and the balloon cuff is inflated, I check for proper positioning. I check to see the lungs rise while squeezing the bag, I feel the bag refill with lung recoil and expiration of air from the lungs, I check the monitor for end tidal CO2 which indicates lung gases and then I listen to the lungs with a stethoscope. Once endotracheal tube placement is checked and confirmed then the patient's endotracheal tube is secured and is attached to the ventilator tubes and the patient can now be ventilated by a machine according to parameters set by the anesthesiologist. Just like the issues with mask ventilation there are potential problems with endotracheal placement. Difficult intubation issues include: Poor neck extension, abnormal and obstructive teeth, large tongue, poor mouth aperture and jaw mobility, large thick neck in the obese, obstructive flabby oral and pharyngeal tissues, history of neck radiation and previous neck and oral surgeries, abnormal anterior airway, genetic abnormalities of the face including recessed chin, blood in the airway, regurgitation of gastric contents obstructing your view and many other reasons. Sometimes a "difficult" airway cannot be intubated at all, even with special equipment such as the glide scope and direct fiberoptic intubating equipment. Remember, while we are attempting to place the endotracheal tube, we have to continue to mask ventilate the patient or sometimes we temporarily place an LMA in between attempts. Not only is this situation stressful it is extremely laborious, especially on the lower back and the event can be very prolonged with leaning and reaching over the patient during these activities. I have had patients where even with multiple anesthesiologists we were not able to intubate the patient with an endotracheal tube after hours of attempts. We then have to mask ventilate the patient until an airway is established or we wake up the patient and get them to breathe on their own. There is always the concern of laryngospasm, aspiration, dental trauma, asthma attack, and blood in the airway from the trauma of attempting to place the endotracheal tube. The worst scenario is the loss of the airway! "Loss of airway" means you cannot ventilate and you cannot intubate the patient and now the situation is dire. This situation can occur at anytime even if you were able to mask ventilate earlier in the case does not mean that you can maintain it. It is at this point that a surgeon must be called emergently, if not already present, to surgically open the trachea with a scalpel through the neck and insert a breathing tube to prevent death of the patient (tracheostomy). The number one cause of death under anesthesia is due to issues with the airway. This is the most important and critical time during an anesthetic. Hence, why I have spent so much time explaining things in detail.

7. PREPARATION OF THE PATIENT FOR SURGERY: After the airway is secured and patient is placed on the ventilator or an LMA is placed, we then have to reposition the patient. Sometimes a patient is positioned high on the OR table for difficult airway anticipation and now needs to be moved into a better position or lithotomy (legs in stirrups) position for surgery. If the surgeon comes in and decides he wants different positional equipment, such as a bean bag under the patient to maintain proper patient position for surgery, or a different OR table then we have to pull and push the gurney back into the room, position by the OR table and lift and roll the patient back onto the gurney and fix the OR table. The patient is then lifted and rolled and repositioned again onto the OR table. Sometimes we need to pad and tuck the arms to the sides of the patients which requires bending over and lifting weight and squatting. It is at this time that I am bending over the patient placing IV's, possibly an arterial line and a central line (which may take up to an hour). I continue to bend over reaching and giving medications IV throughout the entire case. I may need to replace dysfunctional monitors, place a tube into the nose or mouth that goes into the stomach, place an esophageal temperature monitor, hook up blood tubing, place a warming device on the patient, change IV bags of fluids out, place face protective cushions, and obtain and maintain additional equipment. All patient care requires leaning over, reaching, bending, squatting, pushing and pulling and lifting. It is now time to reposition the OR table with the sleeping patient on it to where the surgeon wants the bed in the OR. For example, hand surgeons and kidney doctors usually want the OR table turned sideways, ear surgeons want the OR table turned 180 degrees, and robotic cases require the bed to be moved to all different positions and locations in the OR depending on the procedure, the surgeon, and his preferences and the room size. The OR table is about 800 to 1000 pounds and has wheels that lock. When a patient is placed on the table the weight increases and varies with the weight of that patient. The amount of strength to move an OR table depends on the weight of the patient, how well the wheels are working, how many defects are in the flooring, and how much help I have. About 50-60 percent of my cases require moving the OR table. Once the OR table is positioned to the surgeons liking then I must rearrange all of my equipment to fit the scenario. I need to move the anesthesia machine with the ventilator, the anesthesia cart with all my supplies, move the monitors, IV poles, squat to the floor and sometimes crawl and bend over to move wires and cords, retrieve the foley, move the computer table, move overhead surgical lights, plug and unplug equipment both overhead and on the floor, redo disconnected monitors on the patient, etc.

8. MAINTENANCE OF THE ANESTHETIC: I now am responsible to maintain the anesthetic for the surgeon to complete the procedure. I must constantly listen to hear the monitor beeps and warning bells, and to the monitors indicating heart rhythm and oxygen saturations which have descending pitch sounds with desaturations as a warning. I also am constantly monitoring the patients breathing patterns regardless if on the ventilator or not. I continue to bend over, reach and sometimes squat to give IV medication throughout the case as required. I walk around the room to ensure the safety of the patient throughout the case and to

monitor the patient's positioning as with the robotic cases the patient may slip or move as the case proceeds. I also monitor what is going on in the room and watch for blood loss and inform the surgeons of my concerns. I maintain and deal with any airway issues that occur such as kinked tube, ventilator issues, suctioning out the endotracheal tube of secretions, changing the ventilator setting depending on the changing circumstances of the OR. I am continually watching and listening to the monitors and adjusting them as needed, changing out the IVF's, which encompasses reaching up and taking down and replacing 1 liter to three liter bags of fluids (usually the 3 liter bags require the nurse and then I help her), hanging blood or blood products, adjusting the anesthetic gases, checking for the urine output in the foley (urine collection device that has a tube into the patients bladder) on the floor and giving blood transfusions, checking blood sugars and hemoglobin and blood gases as needed. Sometimes another IV or line is determined to be needed after the case has started and I must crawl and get under the drapes and lean, bend and reach in to put in these lines in difficult positions. Anesthesiologists must always be ready for any emergency and is always looking for possible problems. Some patients have dangerously low blood pressures that require medications, fluids and possibly blood while some have life threatening high blood pressure that must be treated urgently. Some patients have cardiac problems such as having a heart attack or have abnormal rhythms that require urgent treatment. Some patients have strokes and pulmonary, air or fat embolisms which are life threatening as well.

9. ELECTRONIC RECORDS AND ANESTHESIA RECORD: Once the patient is stable and surgery is proceeding and all problems have been checked and resolved, I now computer chart and look up any labs or information that I have been waiting for. I have to document my pre-op visit and all the patient history if not done in the preoperative area. I then must document the antibiotics and times and place all the orders for the patient that they will need in the recovery room or the ICU after the case. I also document all anesthetic information on a paper record that will be maintained in the chart as well.

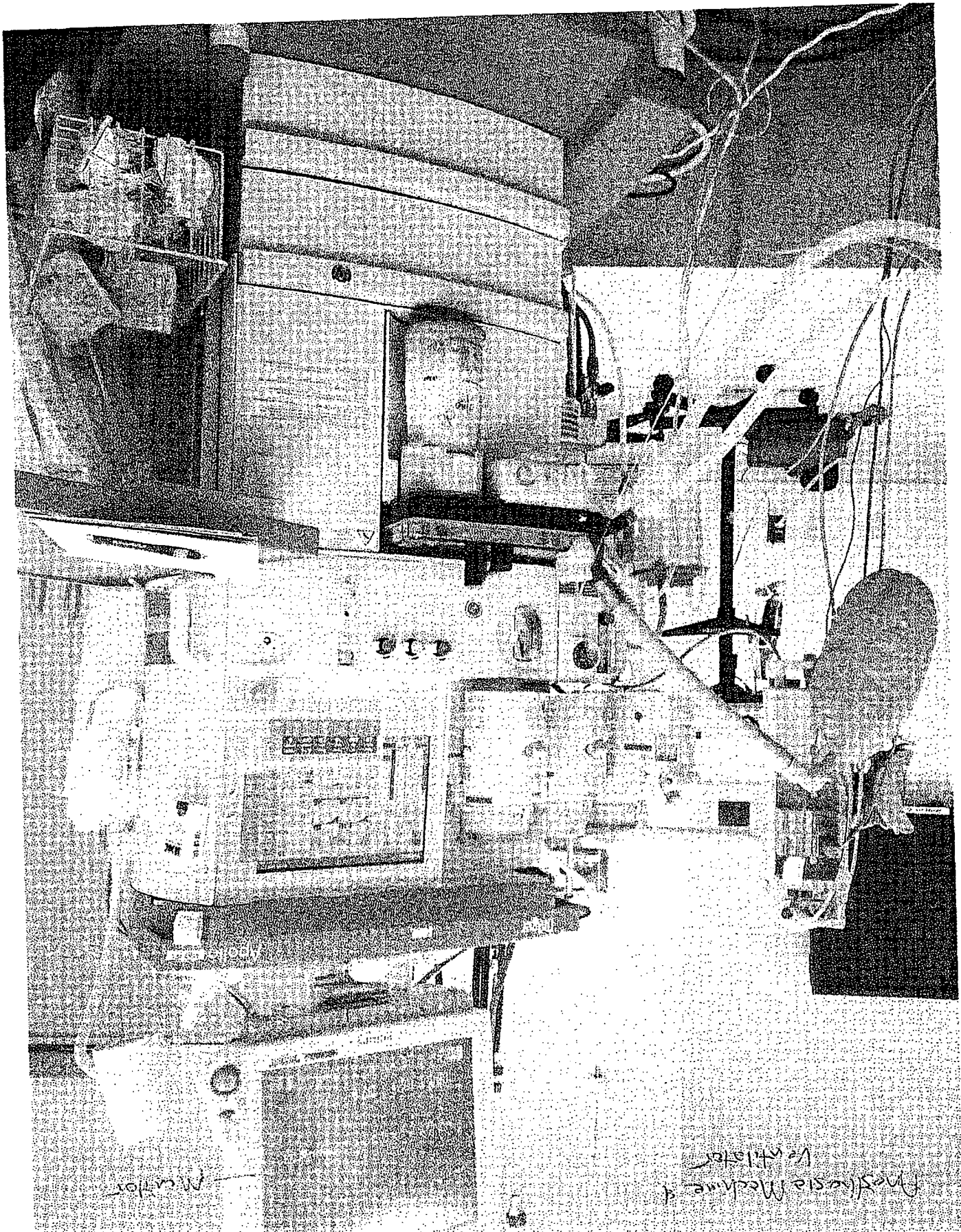
10. EMERGENCE FROM ANESTHESIA: Once the procedure is completed it is time to wake the patient up. This is done by reversing the muscle paralytic medications and the process of weening down the anesthetic gasses, and working on getting the patient to breath on their own before the endotracheal tube is removed. It is also the time that the foley must be emptied requiring squatting or kneeling to get to it on the floor. We disconnect blood tubing and throw away and pack up the cords to some of our equipment. We take off the warming device and wrap up that cord and push to the side. I push other equipment back away from the patient, like the bovie (cauterization) and cystoscopy towers, suction machines, video equipment and screens. The OR table needs to be moved back into neutral position in the room along with repositioning the anesthesia machine, the anesthesia cart, and the IV poles. I take off the facial protective padding and unwrap the arms and place on repositioned arm boards. I then help clean and redress the patient in clean gown and blankets. If the patient is on their side for the procedure or is prone (face

down), the patient needs to be lifted and moved to a supine position for wakeup. Getting the patient to a place where they are breathing on their own and can be extubated (tube removed) can sometimes be difficult especially in the obese. Some patients will not breathe but will cough with such force that we have to stop the ventilator and try to squeeze the bag to get air into the patient's lungs. If the patient is not forced ventilated then the patient will desaturate (oxygen levels will drop critically low rapidly), start to turn blue and then will begin to have bradycardia (slowing of the heart rate), which can then become a "code" situation. The treatment may be to give another paralytic agent but then we may be in the same situation again after it wears off. Most commonly we force bag ventilate the patient in between the coughs and continue this until they stop coughing and then we try to let them breathe on their own. This cycle may be repeated multiple of times as the patient wakes up. As I informed you earlier, this activity is stressful, requires a lot of strength as we are bending over the patient and squeezing the bag with all our strength. This situation can occur with any patient but is most common in the obese. Once the patient is breathing on their own in an appropriate pattern and tidal volume and the patient is determined to be awake enough, the endotracheal tube is taken out. I place a transport face mask for oxygen on the patient after I ensure that the patient is continuing to breathe on their own. It is at this point that the patient may start having laryngospasm, as already discussed. The patient may fail extubation, which means not breathe well enough to keep their oxygen levels to normal level and may need to be re-intubated again! The patient may vomit, cough and aspirate (gastric contents enter the lungs), the patient may be too weak and not able to continue to breathe on their own without support and may need reintubation. The patient may start to have an asthma attack requiring reintubation. I must also mention that some patients wake up agitated and confused and the patient may need to be restrained in order to prevent the patient from falling off the bed or from injuring personal, myself or themselves. Sometimes this takes a lot of strength and effort and when these situations arise, I have to guard the patient's airway (make sure that the patient is still able to breathe) and hold them down until more help, preferably some large staff members, come in to help if we are lucky to have them available.

- 11. PREPARING TO LEAVE THE OR:** Once the patient is determined to be breathing fine and is extubated we then move the patient again from the OR table back onto the transport gurney. The patient is positioned sitting up which requires the anesthesiologist to go behind the head of the bed and squeeze a lever and push up against the weight of the patient. This activity alone has caused many episodes of back pain, especially with the obese patient. The anesthesiologist determines if any monitors are needed for transport and are placed back on the patient for transport. I then pull the gurney with the patient on it out of the room with a nurse at the foot of the bed guiding. As the room is exited, the bed is swung around so that the anesthesiologist is in a position to push the patient to the recovery room area, the distance which varies from facility to facility. If the patient is to remain on the ventilator, then the patient is either taken to the recovery room where a ventilator will be set up or is taken directly to the ICU. If a patient is to go directly to the ICU, then

an ICU bed is required (which is much heavier) and more monitors are needed on the bed for transport. The anesthesiologist is expected to push all this weight and to manually bag ventilate the patient, while continuing all monitoring and handling of any issues and medications. The distance to the ICU is usually far on the other side of the hospital and many times on an entirely different floor. This requires long distance, pushing, pulling and bending over the patient bag ventilating and maneuvering in and out of the elevators and down long corridors. Sometimes getting the patient into their specific ICU room is a tricky feat with lots of maneuvering into the small space. Sometimes I have to turn the bed and back in and sometimes we have to go head first depending where the ventilator machine is set up. It is then that the transport monitors are taken off and the ICU monitors are placed. The patient is hand ventilated until respiratory technicians ready the ventilator. I may be giving the patient medications in their IV throughout this entire process for various reasons. I then ensure patient stability, give orders, report to the receiving nurse, finish paper and computer charting before heading back to the surgical area on the other side of the hospital.

12. RECOVERY ROOM: If the patient is extubated and transported to the recovery room, the monitors are placed again, records are completed, full report is given to the nurses and all issues are solved before leaving. Any issues may occur in the recovery area that occur in the operating room, most commonly and serious are respiratory issues as already discussed. Sometimes due to patient movement the patient must be lifted and moved multiple times to a better position to aid breathing. Problems such as laryngospasm, asthma attack, respiratory depression, respiratory failure requiring reintubation with all possible problems already discussed, cardiac problems such as heart attack, low blood pressure, high blood pressure, pain issues, blood sugar management, pulmonary issues such as edema, aspiration, pneumonia and lung collapse, bleeding issues, and the determination if the patient needs to reenter the operating room for exploration and further surgery. If it is determined that the patient needs to go back to surgery then the entire process is repeated. If the patient is stable and all problems have been resolved, electronic medical charting, orders and paper charting is completed and any required discussion with the patient is done. It is then, that the anesthesiologist leaves the recovery area to start the entire process over again with the next patient. However, the anesthesiologist knows that the recovery period can always produce further problems that require a return to the recovery area or we may be called by the nurses for further medications, treatments, tests, or consultations. It must also be mentioned that while in the recovery room we are expected to help the nurses if they are having emergency medical issues with any patient regardless who the original anesthesiologist is. We assist and give emergency care until the appropriate physicians arrive and can take over and the patient is stabilized.



Claimant Name: Dawn J McGinnis

Claim #: 11107633

PHYSICAL REQUIREMENTS OF THE ANESTHESIOLOGISTS:

- 1. CLIMBING:** Climbing stairs to and from the OR and to other sections of the hospital in between cases and to and from different facilities where we practice. Rarely we need to use a step to help manage an airway or get to a patient when the OR table is up high for surgery. (occasionally)
- 2. BENDING/STOOPING:** Almost all activities related to providing anesthesia require bending over the patient for direct care from the beginning to the end. See "Daily Activities and Duties of an Anesthesiologist" addendum. Placing a central line (finding and inserting a catheter into a large neck or chest vein) may be required to be inserted before or during a surgical procedure. Placing a central line requires the anesthesiologist to wear a sterile gown and gloves and to work within a small sterile field in a bent over position for prolonged periods of time. (very frequently)
- 3. KNEELING:** Retrieval of the foley and emptying, movement of monitors and wires and plugs in the way of OR table movement, plugging and unplugging equipment, wiping up water and blood off floor, picking up dropped items, finding lost needles or tools from surgery, checking patient positioning, placing IV or line after surgery has started, tucking in arms to the sides, tucking and securing blankets, etc. (occasionally)
- 4. SQUATTING/CROUCHING:** See above and below
- 5. CRAWLING:** Usually rarely needed to find a lost surgical needle or a dropped drug vial, to get under the drapes to get to the patient after surgery is started, to free a cord in the way of OR table movement. (rarely)
- 6. REACHING:** Most of what we do requires reaching as we are bending over and leaning forward to administer medications, manage the airway, intubation, patient warmer placement, line placement, monitors and ventilator use, etc. Reaching ABOVE our head includes activities such as OR light movement (these light are about 3-4 foot in diameter) and positioning for the surgeon, management of the monitors that are higher up (see picture of the anesthesia machine), hanging IV bags of fluids, blood and blood products, IV poles, etc. Please see "activities and duties of the anesthesiologist" addendum. (frequently to constantly)
- 7. WALKING:** We walk from the parking garage to the facility to the OR, to the preoperative area, to the OR, around the OR and then to the recovery area, back to the OR to set up for the next patient. Depending on the schedule then we may leave the facility to drive and go to the another facility or hospital or may need to walk to a

different portion of the hospital to a different department (where the same process of walking to the facility, the dressing area, the OR, to preoperative area, to the OR, to recovery and back again) Some days we stay at one facility doing multiple cases other days we are scheduled to go to multiple facilities and departments and then back again. Our schedule usually varies from one case to the maximum cases I completed in a 24 hour period was 26 cases. Our usual day in the last few years has been 2 longer 5 hour cases to 7 shorter cases in different facilities and departments. Everyday the schedule varies depending on the number of cases that require coverage and whether one is on call or late stay. (frequently to constantly)

- 8. LIFTING:** We lift patients, position patients, lift their body parts, lift monitors and equipment, lift drug trays, lift IV fluid bags, lift the IV poles with the IV fluids hanging on them, lift some monitors as needed. See "activities and duties of an anesthesiologist" addendum. (frequently)
- 9. SITTING:** Only in the longer cases with stable patients do we get a chance to sit down in a chair once surgery begins. However, we must always be ready to spring up to action. Some days we do not get a chance to sit at all if they are short cases and the turnover is rapid such as in the outpatient surgery. (rarely)
- 10. PUSHING/PULLING:** Please see "activities and duties of an anesthesiologist" addendum. As noted we push and pull the patients from the beginning to the end of the case. We push and pull equipment, anesthesia machine, the monitors, equipment, the OR table, IV poles, etc. (frequently)
- 11. HAND USE:** Everything in anesthesia requires hand use. Fine grasping of the needles and small vials of medications, to IV and line placement, to monitor use, programming of monitors and the ventilator settings, to computer use and charting. (constantly)
- 12. FOOT CONTROLS:** This activity is rarely required now but was necessary when we had the older OR tables which had foot pedals to lock and unlock the table and we had to use the foot pumping action to raise and push down to lower the table. We still have foot brakes and releases on all the gurneys and ICU beds and the anesthesia machine, anesthesia cart and the computer table. (Rarely)
- 13. TWISTING:** This is a frequent action that is necessary mainly for turning to look at the monitors showing vital signs and the patient's heart rhythm and rate while directly doing a procedure on the patient. Unfortunately, the monitors are behind us when we face the patient. See "activities and duties of an anesthesiologist" addendum. It is most vital during induction, mask ventilation, intubation and during central line placement. (frequently to constantly)

**WORKING ENVIRONMENTAL CONDITIONS FOR THE
ANESTHESIOLOGIST**

1. **HEAT:** Not an issue usually.
2. **COLD:** The operating room is on the average 60-65 degrees continuously.
(constantly)
3. **DUST, FUMES, GASES:** We are exposed to anesthetic gases, especially with mask ventilation and pediatric mask inductions. We are also exposed to gases/fumes/smoke from the cauterization device that burns and cuts flesh during surgery. The laser device also gives off fumes/smoke and we need to wear special masks around our face and nose to decrease the risk of infection from viruses that are aerated. (frequently)
4. **WETNESS:** Depends on the type of procedure being done. It is common for saline fluids contaminated with blood to run onto the floor causing some flooding during arthroscopy cases. This includes scopes of the knee and shoulder. Urology scope cases can also cause flooding onto the floors. Many procedures cause blood to run off the OR table onto the floor. (occasionally)
5. **VIBRATIONS:** Vibrations are common with orthopedic (bone) procedures that use electric saws and manual hammers. (occasionally)
6. **NOISE INTENSITY:** I try to keep the level of noise down so I can hear my monitors beeping and the warning bells. Some surgeons play music during the procedure at various intensities. The bone saws and hammers are pretty loud but are usually used in short intervals. (moderate)

EVOLUTION AND PROGRESSION OF MY SYMPTOMS OF SPINAL STENOSIS:

The practice of anesthesiology requires repetitive duties of high intensity of lifting, pushing, pulling, leaning over the patient, bending, reaching, and twisting. All of these activities are constantly exacerbating the symptoms of my condition of spinal stenosis.

To clarify the pain involved in my condition, I have constant neurologic symptoms in my lower back, buttocks, legs and feet. This pain is nerve pain and is mainly burning, some numb feeling, painful skin, heavy feeling legs and painful/burning feet. These symptoms intensify when I have a long day on my feet with minimal time to sit and rest. They also intensify when I sit more than 20-30 minutes in a chair. These symptoms have leveled out to about 20% of the intensity that I experienced in 2010. These symptoms are permanent and cannot be reversed. Since last seeing Dr. Maric, I can now feel pressure pushing on the left side of my spine and I have noticed that my left heel has become numb. This new symptom seems to be lessening now over the last few weeks.

The second type of pain I have is pain in the lumbar area (lower back). This pain varies day to day depending on my activities. Many days I wear a back support when the pain is more intense. While at work this pain is constant since I am repeatedly irritating my back with the regular movements required by my profession as an anesthesiologist. Some days it is worse than other days depending on the weight of the patients, the difficulties encountered, and how hard I worked or injured my back the previous day (see "activities and duties of an anesthesiologist" addendum). Some days it is unbearable and I must find someone to take over my case load. Some days I can barely walk as it pushes me forward and I cannot stand up straight. There have been many days in which I was not sure if I could make it through a case because I felt the signs of muscle spasm beginning. This type of pain can rapidly progress to the third type of pain, discussed below.

The third type of pain is extremely painful and completely debilitating back spasm pain. When my back muscles spasm (as a result of overuse and strain) I can collapse and go into a situation of muscle "lock down". This means that the back muscles all spasm at the same time because they are very irritated and it can cause one to collapse to the floor and remain immobile for extended periods of time. When this happens I am completely incapacitated and cannot move, stand or walk. I have to wait until the spasm starts to release which varies from 1 hour to many hours but usually will release if a muscle relaxant is taken (Valium) and motion is restricted. If this situation happens then it may take weeks to months to recuperate. If I start moving too much then the whole process of spasm will start again. This muscle spasm is the bodies protective mechanism of preventing you from further injury. I have been in a case with such severe back pain that I had to call in a colleague to take over the rest of my cases and it took me over an hour to get to my car. I could barely walk or move from the spasm and pain (I had to walk slowly, hunched over with frequent rests after only a few steps and

then I had to frequently squat to rest the muscles as well). If I had gone into total "lock down" then I would have been completely incapacitated and unable to get up and move at all. I have been on call and after doing a full day of cases I was in such intense pain, I knew that the spasm of my back would start if I did another case. My office then called me to do a 5 hour case as an add-on to my schedule and I could not do the case for fear I would not be able to safely administer anesthesia. I had to call a colleague anesthesiologist from another group in to cover the case as no one in my loosely affiliated group would cover the case for me. I have had to call in a trauma anesthesiologist in for backup many times to be sure I could ventilate and intubate a patient due to my back pain. I was not sure I would collapse on the floor at the most critical time. Just a few weeks ago before June 15th, I had an airway crisis with an obese patient who started coughing and I had a very hard time ventilating and intubating him, all the while my back was hurting and was beginning to spasm from the strain. I called for backup help and I was lucky another anesthesiologist was nearby because I was in an ancillary area of the hospital in the lithotripsy unit and many times you are there by yourself. I got the patient through the case and when it was over I had a hard time walking to the next set of cases scheduled and I was in severe pain for the rest of the day and week. I have lost many days from work due to my back issues, and I lost almost a year of work from the episode in 2010. My job requires administration of anesthesia in other areas of the hospital in which you are the only anesthesiologist and there is no backup at all, such as in the department of radiology/special procedures and radiation/oncology.

In this last year, my symptoms have worsened, the more intense episodes are becoming more frequent, more painful, more debilitating and more difficult to recuperate from. They have also have become completely unpredictable. The last day I worked, I had a long day of cases, went home and went to bed sore. I woke up the next morning in complete "lock down" in muscle spasm. I could not get out of bed and had to call my scheduler to find coverage for all of my cases. I have not returned to work since that last day June 15, 2015.

As an anesthesiologist I have a duty to provide safe anesthesia to all of my patients under emergent, critical, laborious and stressful situations as I have described. I have now come to the point where I am no longer able to provide predictable, safe and reliable care to the patients due to my condition and if I continued to practice anesthesiology I would be putting my patients at risk for severe complications, injury and possibly death. I cannot continue to practice with these risks as it is unacceptable to both my patients and myself.

CURRICULUM VITAE

DAWN J. MCGINNIS, M.D.

9627

EMPLOYMENT:

Park Central Anesthesiologists, LTD.
300 W Claredon Ave suite #142
Phoenix, AZ 85013
PHONE 1803 FAX 3748

PERSONAL DATA:

Date of Birth: 65
Place of Birth:
Citizenship: United State of America

EDUCATION:

Undergraduate: Oral Robert University, Tulsa, Oklahoma
Bachelor of Science -- Biology 1987

Graduate: University of Oklahoma, College of Medicine
Oklahoma City, Oklahoma
M.D. 1994

Post Graduate: University of Arizona
Integrated Residency of Anesthesiology
Maricopa Medical Center
Phoenix, AZ
Internal Medicine Internship 1994-95
Anesthesiology Residency 1995-98

CERTIFICATIONS:

Diplomat of the American Board of Anesthesiology 1999
Arizona Medical License
ACLS & BLS Certified

PROFESSIONAL ORGANIZATIONS:

American Society of Anesthesiologists
Arizona Society of Anesthesiologists

REFERENCES:

Furnished upon request.

June 30th, 2015

PCA Anesthesia and Anesthesia services
300 W Claredon Ave Ste #142
Phoenix, Az. 85013
(602)-234-1803

Dear PCA anesthesia and Anesthesia Services,

As many of you know, I suffer from significant and ongoing back problems and simply cannot continue the practice of anesthesiology safely for myself or my patients. After much deliberation, I have decided that I will be withdrawing from the group practice and from practicing anesthesia on a permanent basis. The last day I worked was on June 15, 2015.

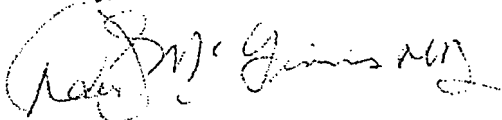
For those of my partners who have been so helpful in providing me assistance with patient care, help in covering cases in urgent times, covering my call obligations and taking care of my request cases at last minute notice, I thank you.

For the office, please send my mail to my home address along with billing fee notices, and deposit slips. Please feel free to contact me for further issues about account receivables, credentialing withdrawal, patient, professional, billing and hospital issues (lockers, scrub return, badge returns, medical records, etc.) I will continue to be available to you. I appreciate all the exceptional service and hard work all these years!

If there is any further requirements with respect to withdrawing from PCA, please contact me.

I wish everyone the best.

Sincerely,

A handwritten signature in black ink, appearing to read "Dawn J. McGinnis MD", written over a horizontal line.

Dawn J. McGinnis MD

Letter Detail

Checked/Unchecked Indicator: No

NaviLink Claim No.: 11107633

Name: Intake Acknowledgement

Status: Final

Date: 2015-07-13

Notes: Ack Ltr-AP Mailed

Signoff By:

Signoff Status:

----- Deliveries -----

To/CC/MCC: To Addressee Name: Mc Ginnis, Dawn J

Relationship: Claimant Document ID: 2015071316570793FAD3

Delivery Date: 07/13/2015 18:25:49

Delivery Status: Mail: Sent from Central Print

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Unum
The Benefit Center
PO Box 100262
Columbia, SC 29202
Phone: 1-888-226-7959
Fax: 1-866-562-4794
www.unum.com



July 13, 2015

DAWN J MC GINNIS MD
3007 E SQUAW PEAK CIRCLE
PHOENIX, AZ 85016

RE: Mc Ginnis, Dawn J DOB: 1965
Claim Number(s): 01-02670589-002
The Paul Revere Life Insurance Company

Dear Dr. Mc Ginnis:

Thank you for providing the following documents in connection with your claim for Individual Disability benefits:

- Individual Statement
- Authorization
- Occupational Description

Additional information is needed in order to begin our review. Please complete and return the enclosed forms:

- Attending Physician's Statement – please ask your physician to complete

Please fax this information to 1-866-562-4794 by August 27, 2015. Privacy is important to everyone; please be sure you are faxing it to 1-866-562-4794 to eliminate the potential for misdirected information. If the information cannot be faxed, please mail the information to the address provided at the top of the page.

If you have already sent this information to us, please contact us to confirm that we have received it.

Claimant Name: Mc Ginnis, Dawn J
Claim Number: 0102670589002

July 13, 2015
Page 2 of 2

Dr. Mc Ginnis, if you have questions about your claim or this process, please call our Contact Center at 1-888-226-7959, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our experienced representatives have access to your claim documentation and will be able to assist you. We will identify your claim by your Social Security number or claim number, please have one of these numbers available when you call.

Thank you for your time and cooperation.

Sincerely,

Pam Edmonds

Pam Edmonds
Intake Specialist

Enclosures: Individual Disability Claim Form-APS (CL-1020-APS)

Claimant Name: Dawn J McGinnis Claim #: 11107633

Document Detail

Checked/Unchecked Indicator: Yes

Document ID: 2015071718300152246E

Entry Date: 07/17/2015 18:30:03

Received Date: 07/17/2015

Date Added to Claim: 07/17/2015

Primary Doc Type: Claim Form

Secondary Doc Type: Attending Physician Statement

Medical Provider:

Document Notes: APS 07/14/15

Work Notes:

Claimant Name: Dawn J McGinnis

Claim #: 11107633



INDIVIDUAL DISABILITY CLAIM FORM

Benefits Center

Box 100262, Columbia, SC 29202-3262

Tel: 1-888-226-7859 Fax: 1-866-562-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

ATTENDING PHYSICIAN STATEMENT (PLEASE PRINT)

PART I: TO BE COMPLETED BY PATIENT

Name of Patient (Last Name, Suffix, First Name, MI)

MCGINNIS, DAWN J

Social Security Number

2675

Date of Birth (mm/dd/yy)

65

Home Telephone Number

1262

Cell:

-9627

PART II: TO BE COMPLETED BY PHYSICIAN OR TREATING PROVIDER

Instructions: Please complete, sign and date this form. The purpose of this form is to assist us in making a disability determination. Please complete all questions on this form and provide copies of supporting reports, such as office notes, medical records, medication logs, consultations and/or testing. Be sure to sign and date this form in Section F.

A. Complete this section for normal pregnancy, then go to section C

Expected Delivery Date (mm/dd/yy):	Actual Delivery Date (mm/dd/yy):	Delivery Type: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section	Date First Unable to Work (mm/dd/yy):	Date Hospitalized (mm/dd/yy):
Diagnosis Code:	ICD Code:	Height:	Weight:	Blood Pressure:

B. Complete this section for all conditions except normal pregnancy

Date of first visit for this condition (mm/dd/yy):	Date of last office visit (mm/dd/yy):	Date of next office visit (mm/dd/yy):	Did you advise your patient to stop working? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, effective when? (mm/dd/yy):
	6-5-15	12-15-15	6-23-15
Has the patient ever had the same/similar condition in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			

If yes, please provide treatment dates (mm/dd/yy): From

Through

Is the patient's condition work related? ☐ Yes ☒ No ☐ Unknown

Patient's Height:

5'3"

Patient's Weight

110 lb

Is the patient's condition due to a sickness or accident? Sickness ☒ Yes ☐ No Accident ☐ Yes ☒ No

What is the primary diagnosis that may impact your patient's functional capacity?

Spinal stenosis 4-5

Please include primary ICD Code or DSM-IV Multi-Axial diagnoses codes

ICD Code:

DSM-IV: I

II

III

IV

V

What are the other diagnoses that may impact your patient's functional capacity? ☒ NA

Secondary Diagnosis:

ICD Code:

Secondary Diagnosis:

ICD Code:

Has the patient been hospitalized? ☐ Yes ☒ No If yes, date hospitalized (mm/dd/yy):

through (mm/dd/yy):

Was surgery performed? ☐ Yes ☒ No If yes, what procedure was performed?

CPT Code:

Date Surgery Performed (mm/dd/yy):



INDIVIDUAL DISABILITY CLAIM FORM

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-888-226-7959 Fax: 1-888-582-4784

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

ATTENDING PHYSICIAN STATEMENT (Continued)

Patient's Name

MCGINNIS DAWN J

Date of Birth (mm/dd/yy)

6/5

C. Functional Capacity

If your patient does not have physical and/or behavioral health RESTRICTIONS (activities patient should not do) and/or LIMITATIONS (activities patient cannot do), please initial here _____ and go to SECTION D.

Please note: When considering a standard 8 hour workday with breaks (approximately every two hours) please quantify terms that may not be uniformly understood such as "prolonged", "repetitive", "light duty", "heavy lifting", or "stressful situations". In addition, never means not at all, occasional means more than never but less than 33% of the time, frequent means 34-66% of the time, and constant means 67-100% of the time.

Physical Restrictions

If your patient has CURRENT PHYSICAL RESTRICTIONS (activities patient should not do) list below. Please be specific and understand that a reply of "no work" or "totally disabled" will not enable us to evaluate your patient's claim for benefits and may result in us having to contact you for clarification.

she is not able to stand for > 30 min at a time.
she cannot lean forward for any significant period of time.
she cannot bend or lift > 10 #

Please provide the duration of these restrictions and limitations. From (mm/dd/yy): _____ To (mm/dd/yy): _____

Physical Limitations

If your patient has CURRENT PHYSICAL LIMITATIONS (activities patient cannot do) list below. Please be specific and understand that a reply of "no work" or "totally disabled" will not enable us to evaluate your patient's claim for benefits and may result in us having to contact you for clarification.

see above

Please provide the duration of these restrictions and limitations. From (mm/dd/yy): _____ To (mm/dd/yy): _____

Behavioral Health Restrictions

If your patient has CURRENT BEHAVIORAL HEALTH RESTRICTIONS (activities patient should not do) please list below. Please be specific and understand that a reply of "no work" or "totally disabled" will not enable us to evaluate your patient's claim for benefits and may result in us having to contact you for clarification.

N/A

Please provide the duration of these restrictions and limitations. From (mm/dd/yy): _____ To (mm/dd/yy): _____

Behavioral Health Limitations

If your patient has CURRENT BEHAVIORAL HEALTH LIMITATIONS (activities patient cannot do) please list below. Please be specific and understand that a reply of "no work" or "totally disabled" will not enable us to evaluate your patient's claim for benefits and may result in us having to contact you for clarification.

N/A

Please provide the duration of these restrictions and limitations. From (mm/dd/yy): _____ To (mm/dd/yy): _____

CL-1020 (06/13)

13

cna/m

Claimant Name: Dawn J McGinnis

Claim #: 11107633

Fax to 2878234 (NAV_WORC_FR_WL1) at 07/17/2015 18:26:24 from (Unavailable) Req ID 2015071718294624244E.

Page 3 of 3 (C)

INDIVIDUAL DISABILITY CLAIM FORM

For Benefits Center
 Box 106267, Columbia, SC 29202-3267
 Toll-free 1-888-220-7959 Fax 1-888-682-4764

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).

ATTENDING PHYSICIAN STATEMENT (Continued)

Patient's Name

MCGINNIS DAWN J

Date of Birth (mm/dd/yy)

65

What diagnostic or clinical findings support your patient's restrictions and/or limitations as noted above?

MRI shows spinal stenosis at L4-5

What is your treatment plan? Please include all medications.

She cannot live with the pain on bone surgery.

D. Prognosis

Do you expect improvement in the patient's functional abilities? ☐ Yes ☒ No

If yes, when do you expect improvement (mm/dd/yy)?

E. Other Treating Physicians, Facilities, Hospitals or Recent Referrals

Provide name, address, contact information and specialty of any other treating physicians, facilities or hospitals.

Name	Specialty	Address

FRAUD NOTICE: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties. This includes Attending Physician portions of the claim form.

F. Signature of Attending Physician

The above statements are true and complete to the best of my knowledge and belief.

Physician Name (Last Name, First Name, MI, Suffix) Please Print

Zoran Marc, MD

Medical Specialty

Degree

Orthopedic Spine

Address

333 W. Thomas Rd #202

City

Phoenix

State

AZ

Zip

85013

Telephone Number

602 274 0180

Fax Number

602 274 0071

Physician's Tax ID Number

6085

Are you related to this patient? ☐ Yes ☒ No

If yes, what is the relationship?

Signature of Physician

Zoran Marc

Date

7/14/15

CL-1020 (06/13)

14

CLAIMANT

Claimant Name: Dawn J McGinnis

Claim #: 11107633

EXHIBIT B

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

UNUM GROUP,
Plaintiff

V.

TIMOTHY P. LOFTUS,
Defendant

CIVIL ACTION NO. 16-40154

COMPLAINT

Plaintiff, Unum Group (“Unum”) hereby states as follows:

PARTIES

1. Unum is a Delaware corporation registered as a foreign corporation in Massachusetts. Unum’s principal place of business in Massachusetts is located at 1 Mercantile Street, Worcester, MA 01608.
2. Defendant is a citizen of Massachusetts who resides at 23 Greany Drive, Grafton, MA 01536.

JURISDICTION AND VENUE

3. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331 because Unum has asserted a claim for misappropriation of trade secrets under the Defend Trade Secrets Act against Defendant. This Court has supplemental or pendant jurisdiction over Unum’s remaining claims pursuant to 28 U.S.C. § 1367 because such claims are so related to Unum’s federal misappropriation of trade secrets claim that they form part of the same case or controversy under Article III of the United States Constitution.
4. Venue is appropriate in this judicial district under 28 U.S.C. § 1391(b)(1) because Defendant is a resident of Massachusetts. Venue is also appropriate in this judicial district under

28 U.S.C. § 1391(b)(2) because the events that gave rise to this complaint occurred in this district.

FACTS

A. Unum's Business

5. Unum is a leading provider of disability benefits in the United States. In addition, Unum is a leading provider of a variety of other financial protection benefits, including voluntary benefits, whole and universal life insurance, critical illness benefits, accident coverage, and dental benefits.

6. As the leading provider of financial protection benefits to thousands of customers, Unum has access to confidential information regarding its customers, policyholders, applicants for insurance coverage, and parties with whom it does business ("Confidential Customer Information").

7. The market for financial protection benefits is highly competitive. There are a multitude of other companies, each offering their own financial protection benefits, competing for the same customers and market share that Unum services.

8. Unum's success is dependent on its ability to protect its customers' confidential information, as well as its own confidential, proprietary, and trade secret information.

9. Unum's confidential, proprietary, and trade secret information includes, but is not limited to, its financial, business, technical, and economic information; the names of any of its customers; products; claims practices; pending litigation or litigation strategies; reserves; services; research; data bases; computer software; business or marketing plans; intellectual property; the prices it obtains or has obtained or at which it sells or has sold its products; medical and other private information about people or companies with whom Unum does business,

including insureds, customers, employees, producers, and suppliers; information that is provided to Unum on the condition that it is kept confidential, such as licensed computer software plans; and any other information of, about, or concerning the business of Unum, its manner of operation, strategic direction, and/or its plans (collectively, "Trade Secret Information").

10. The value of Unum's Trade Secret Information is in its exclusive use by Unum and its employees.

B. Unum's Steps to Maintain Confidential Nature of Its Information

11. Unum relies on a combination of copyright, trademark, and trade secret laws, as well as confidentiality agreements and confidentiality policies to establish and protect its Trade Secret Information and Confidential Customer Information.

12. Unum's Confidentiality/Non-Disclosure Policy provides, in relevant part, that employees may not use Unum's confidential information to disadvantage the company and that Unum can discipline employees who fail to respect the confidential nature of information. See Exhibit A.

13. Unum's Code of Conduct provides, in relevant part, that employees must "[a]lways manage personal data responsibly and in compliance with privacy laws and our company policies," and that they may "[n]ever disclose any private, sensitive, secret or confidential information outside of the company . . ." See Exhibit B.

14. Unum reminds its employees of the confidential nature of the Trade Secret Information and Confidential Customer Information by requiring them to review and attest to their review of Unum's Code of Conduct each year.

15. In addition, Unum requires employees to attend an annual Privacy & Information Security Training session, which details employees' responsibilities to maintain the confidentiality of Trade Secret Information and Confidential Customer Information.

16. In addition to the protective measures described above, Unum restricts access to its Trade Secret Information, Confidential Customer Information, and Confidential Employee Information by, for example, requiring encryption of external devices (such as flashdrives), utilizing software to monitor when/how Confidential Customer Information is sent outside of Unum, requiring employees to encrypt Confidential Customer Information before it is sent to a third party.

C. Defendant's Employment with Unum

17. Defendant was hired by Unum on September 9, 1985.

18. As a condition of his employment, on October 10, 1988, Defendant executed a Confidentiality Agreement, which provides, in relevant part:

a. You will keep in strictest confidence all information identified as confidential . . . relating in any way to the business and affairs of [Unum] which you may acquire in connection with or as a result of your employment . . .

c. You will not, except as may be required by your employment with [Unum], duplicate, disclose or reveal to anyone such information without the prior written consent of [Unum]; . . .

See Exhibit C.

19. In or around, December 2004 Defendant was promoted to Director of Individual Disability Insurance ("IDI") Benefits.

20. As the Director of IDI Benefits, Defendant's job duties included, but were not limited to, "managing a team of employees that are responsible for quality management of complex IDI claims for an assigned block of customers," "achieving a high level of quality and

customer satisfaction,” “attracting, developing, and retaining professional claims resources,” “be[ing] involved in daily activities and decisions associated with claims,” “ensur[ing] all appropriate actions are taken and all information is received on claims before a decision is made,” and “participate in development of regional specific business plans.” See Director, IDI Benefits Job Description, attached hereto as Exhibit D.

21. Accordingly, as the Director of IDI Benefits, Defendant had access to (a) Confidential Customer Information; (b) Unum’s Trade Secret Information; and (c) confidential information of Unum’s employees (“Confidential Employee Information”).

22. On August 29, 2016, Defendant attested to his receipt of the Code of Conduct, which contains policies regarding confidentiality and security as described above.

23. On April 6, 2016, Defendant attended the 2016 Privacy & Information Security Training.

D. Defendant’s Wrongful Conduct

24. On Wednesday, September 21, 2016, Defendant was interviewed by Unum’s inside counsel as part of an internal investigation into claims practices.

25. Defendant was informed and understood that if he “provide[d] incomplete or untruthful information during [the] interview, [he] will be subject to disciplinary action, including termination from employment.” See Upjohn Warning, attached hereto as Exhibit E.

i. Sunday, September 25, 2016

26. On Sunday, September 25, 2016 – which is not Defendant’s usual workday – Defendant went to Unum’s Worcester Office (“Unum’s Office”) and entered the building at 12:40 p.m. with, what appeared in the security video to be, an empty box. See Exhibit F.

27. Nine minutes later, Defendant left Unum's Office with a full box and brought the box to his car. See Exhibit G.

28. Empty handed, Defendant then re-entered Unum's Office at 12:52 p.m. See Exhibit H.

29. Over one hour later, at 2:09 p.m., Defendant left Unum's Office with a *second* full box of documents, as well as a full briefcase, and brought the box and briefcase to his car. See Exhibit I. Defendant did not re-enter Unum's Office.

30. Defendant had no legitimate business reason to remove at least two boxes of documents from Unum's Office on Sunday, September 25, 2016.

ii. Tuesday, September 27, 2016

31. On Tuesday, September 27, 2016, Defendant worked at Unum, arriving at 9:53 a.m. and leaving sometime after 3:44 p.m. After leaving for the day, Defendant returned to Unum's Office at approximately 7:45 p.m.

32. Approximately one hour later, Defendant left Unum's Office with a shopping bag full of documents and a full briefcase. See Exhibit J.

33. Defendant had no legitimate business reason to remove a shopping bag full of documents from Unum's Office at night on Tuesday, September 27, 2016.

iii. Thursday, September 29, 2016

34. On Thursday, September 29, 2016, Charlie Wade, Assistant Vice President of Corporate Investigations, spoke with Defendant via telephone at approximately 10:00 a.m. as part of Mr. Wade's investigation into Defendant's removal of documents on Sunday, September 25 and Tuesday, September 27, 2016 from Unum's Office.

35. After Defendant was asked if he had printed documents on Sunday, September 25, 2016 and/or Tuesday, September 27, 2016, he refused to answer questions or participate in Mr. Wade's investigation regarding what Defendant removed from Unum's Office.

36. At 11:14 a.m. on September 29, 2016, Defendant left Unum's Office with the laptop provided to him by Unum ("Unum's Laptop") for business, as well as a shopping bag, which appeared to be full. See Exhibit K.

37. Defendant had no legitimate business reason to take Unum's Laptop out of Unum's Office on Thursday, September 29, 2016.

38. At approximately 12:00 p.m., Janine Hughes Goldberg, a Senior Employee Relations Consultant, and Holly Hayes, Assistant Vice President Employee Relations, called Defendant and asked him to return Unum's Laptop. Defendant agreed to do so.

39. As described above, on September 21, 27, and 29, 2016, Defendant removed two boxes and two shopping bags of documents from Unum's Office, as well as documents contained in his briefcase which he removed from Unum's Office on the three occasions described above (collectively, "Unum's Documents").

40. It is highly likely that Unum's Documents contain Confidential Customer Information, Confidential Employee Information, and/or Trade Secret Information.

E. Defendant's Refusal to Return Unum's Property

41. Despite informing Ms. Goldberg and Ms. Hayes that he would return Unum's Laptop on September 29, 2016, Defendant failed to do so.

42. At approximately 3:00 p.m. on September 29, 2016, Defendant's then-attorney, Keith Higgins, called Unum and spoke with Ellen Donovan McCann, Assistant Vice President

and Senior Counsel of Unum's Law Department. Attorney Higgins represented to Attorney McCann that Defendant would return Unum's Laptop by the end of the day.

43. Defendant did not return Unum's Laptop to Unum on September 29, 2016.

44. On October 4, 2016, Attorney McCann wrote to Attorney Higgins to again demand the return of Unum's Laptop and Unum's Documents. See Exhibit L.

45. On October 5, 2016, Defendant's new attorney, Roy Bourgeois, emailed Attorney McCann a letter, in which he stated that he had taken custody of "certain items and a computer in the custody of [Defendant]," and indicated that he would not return the "items" and Unum's Laptop unless they were held in escrow and Unum provided him with copy of the Upjohn warning signed by Defendant. See Exhibit M.

46. On October 7, 2016, Unum's outside counsel, Jonathan Sigel, responded to Attorney Bourgeois and demanded the return of Unum's Laptop and Unum's Documents by October 12, 2016, together with a signed representation that Defendant and his counsel had not retained or destroyed any copies of Unum's Documents or data contained on Unum's Laptop. See Exhibit N. With his letter, Attorney Sigel provided Defendant a copy of the Upjohn warning signed by Defendant. Id.

47. On October 12, 2016, Attorney Bourgeois wrote to Attorney Sigel, stating that Defendant "simply" would not return Unum's Laptop or Unum's Documents because Unum did not provide an assurance that its own laptop, files, and documents would be safeguarded. See Exhibit O.

48. On October 14, 2016, Attorney Sigel expressly stated that Mirick O'Connell would maintain Unum's Laptop and Unum's Documents "in its custody and not destroy or alter them in any way pending the resolution of this matter." See Exhibit P. Since Unum provided

the requested assurance, Attorney Sigel demanded the immediate return of Unum's Laptop and Unum's Documents taken by Defendant.

49. On October 18, 2016, Attorney Bourgeois wrote to Attorney Sigel and, despite receiving Unum's assurance, refused to return Unum's Laptop unless Unum executed an Agreement, which required Unum to "negotiate in good faith" *with Defendant* "a protocol for electronic access to, and duplication of, the information stored on" Unum's Laptop and provided that Unum's Laptop would be "equally available" to Defendant. See Exhibit Q. With respect to Unum's Documents, Attorney Bourgeois stated that they would be "dealt with" by copying and bates stamping them, at some point. Id.

50. On Friday, October 21, 2016, Unum's outside counsel, Amanda Marie Baer, spoke with Attorney Bourgeois and stated that she would sign the Agreement for the return of Unum's Laptop. With respect to the documents, Attorney Baer explained, over the phone and in an email, that Unum has responsibilities under Massachusetts law to safeguard its documents and files that contain personal information regarding Massachusetts residents. Exhibit Q. Attorney Baer stated that Defendant exceeded his authority with respect to Unum's Documents when he removed them from Unum's Office and then refused to return them to Unum despite repeated demands to do so. Id. Attorney Baer demanded the immediate return of Unum's Documents so that she could review them to determine if any redactions of Confidential Customer Information, Confidential Employee Information, and/or Trade Secret Information needed to be made. Id.

51. Defendant's counsel responded by stating that he did not trust Attorney Baer to make a complete copy of Unum's Documents.

52. On Monday, October 24, 2016, Attorney Baer took custody of Unum's Laptop.

53. On Monday, October 24, 2016, Attorney Baer again demanded the immediate return of Unum's Documents, and offered for Defendant's counsel to *watch* while Unum's Documents were copied so that Defendant could be assured that a complete copy was made. See Exhibit S.

54. Defendant's counsel responded to Attorney Baer's email and explained that – despite Attorney Baer's explicit instructions otherwise – he was making copies of Unum's Documents. Exhibit T.

F. Unum's Duty to Report

55. Pursuant to M.G.L. c. 93H, § 3, Unum has a duty to provide notice when personal information of a resident of Massachusetts has been acquired or used by an unauthorized person or used for an authorized purpose.

56. Unum's Documents taken by Defendant likely contain personal information of residents of Massachusetts, including Unum's customers and/or Unum's employees and, if so, Unum may be required to provide notice as required by law.

57. Defendant's failure and refusal to return Unum's Documents prevent Unum from (a) evaluating whether notice under M.G.L. c. 93H, § 3 is required; and (b) if so, providing notice to Massachusetts residents and/or the Massachusetts Attorney General.

Causes of Action

Count I

Misappropriation of Trade Secrets Under the Defend Trade Secrets Act of 2016

58. Unum re-alleges and incorporates by reference all preceding paragraphs as if fully alleged herein.

59. While employed by Unum, Defendant obtained access to Unum's Trade Secret Information.

60. The Trade Secret Information obtained by Defendant is related to Unum's services that are offered and provided in interstate commerce.

61. The Trade Secret Information obtained by Defendant is a "trade secret" under 18 U.S.C. § 1839(3).

62. Defendant has maliciously and willfully misappropriated Unum's Documents, which contain Unum's Trade Secret Information.

63. Unum has demanded the return of its property and Trade Secret Information, and Defendant has failed and refused to return that property without any appropriate basis to do so.

64. As a result of Defendant's misappropriation of Unum's Trade Secret Information, Defendant has violated the Defend Trade Secrets Act of 2016 (18 U.S.C. § 1836(b)(1)).

65. As a direct and proximate result of Defendant's violation of the Defend Trade Secrets Act of 2016, Unum has sustained substantial damages in an amount that will be established at trial of this matter.

66. Defendant's actions in converting and misappropriating Unum's Trade Secret Information for his own gain was willful, wanton, and malicious, and was taken with reckless disregard for the rights of Unum.

67. Defendant's actions have caused and will continue to cause Unum irreparable harm if not preliminarily and permanently enjoined.

68. Unum has no adequate remedy at law.

Count II
Misappropriation of Trade Secrets Under the Massachusetts Trade Secrets Act

69. Unum re-alleges and incorporates by reference all preceding paragraphs as if fully alleged herein.

70. While employed by Unum, Defendant obtained access to Unum's Trade Secret Information.

71. Unum took reasonable steps to preserve the secrecy of its Trade Secret Information.

72. Unum's Trade Secret Information is a "trade secret" under M.G.L. c. 93, § 42 (the "Massachusetts Trade Secrets Act") and M.G.L. c. 266, § 30.

73. Defendant has misappropriated Unum's Documents, which contain Unum's Trade Secret Information, for his own benefit.

74. Defendant has copied Unum's Trade Secret Information.

75. As a result of Defendant's misappropriation of Unum's Trade Secret Information, Defendant has violated the Massachusetts Trade Secrets Act.

76. As a direct and proximate result of Defendant's violation of the Massachusetts Trade Secrets Act, Unum has sustained substantial damages in an amount that will be established at trial of this matter.

77. Defendant's actions in converting and misappropriating Unum's Trade Secret Information for his own gain was willful, wanton, and malicious, and was taken with reckless disregard for the rights of Unum.

78. Defendant's actions have caused and will continue to cause Unum irreparable harm if not preliminarily and permanently enjoined.

79. Unum has no adequate remedy at law.

Count III
Conversion

80. Unum re-alleges and incorporates by reference all preceding paragraphs as if fully alleged herein.

81. Defendant is in wrongful possession of Unum's Documents, which likely contain Unum's Trade Secret Information, Confidential Customer Information, and/or Confidential Employee Information.

82. Defendant has wrongfully asserted dominion or control over Unum's property in a manner inconsistent with Unum's ownership and entitlement to such property.

83. As a direct and proximate result of Defendant's conversion of Unum's property, Unum has suffered or will suffer damages.

WHEREFORE, Unum respectfully requests that this Court:

1. Order Defendant and his attorney to deliver Unum's Documents as well as any other Confidential Customer Information, Trade Secret Information and/or Confidential Employee Information in Defendant's and/or his attorney's possession, custody, and control to the undersigned counsel within twenty-four (24) hours, together with a signed representation that he, and his attorney, did not alter, destroy, remove, copy, or retain any document, file, or information;
2. Order Defendant and his attorney to destroy any and all copies of Unum's Documents;
3. Enter a judgment declaring that Defendant misappropriated and converted Unum's property and Trade Secret Information;
4. Award monetary damages to Unum in an amount to be proven at trial; and
5. Grant Unum such other relief as the Court deems just and equitable.

Respectfully submitted,

UNUM GROUP,

By its attorneys,

/s/ Amanda Marie Baer

Jonathan R. Sigel, BBO # 559850

Amanda Marie Baer, BBO #681386

Mirick, O'Connell, DeMallie & Lougee, LLP

1800 West Park Drive, Suite 400

Westborough, MA 01581

Phone: (508) 860-1474

Fax: (508) 983-6261

jsigel@mirickoconnell.com

abaer@mirickoconnell.com

Dated: October 25, 2016

EXHIBIT E

Upjohn Warning

I am an attorney for Unum. I represent only Unum, and do not represent you personally.

I am conducting this interview to gather facts pursuant to an investigation that I am conducting for and on behalf of Unum. This interview may be used by Unum to obtain legal advice and determine whether appropriate legal actions must be taken. This interview is part of an investigation to determine the facts and circumstances relating to the following:

- Improperly coding claim closures to achieve performance metrics and/or plan forecast;
- Paying benefits on an under a reservation of rights (ROR) or on an "exceptional basis to be of service to the claimant" to achieve "paid recovery" performance metrics;
- Paying benefits without disability or eligibility being fully evaluated;
- Paying benefits prior to obtaining appropriate medical confirmation confirming disability determination.

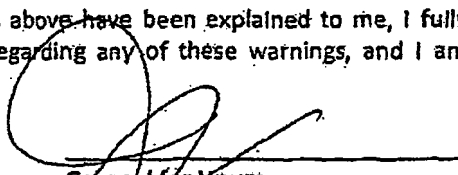
You should not assume that any statements you make to me during this interview are protected by the attorney-client privilege. However, to the extent the attorney-client privilege is deemed to apply to this interview, the privilege belongs solely to Unum and not to you. That means that Unum may elect to waive the attorney-client privilege and reveal the substance of this interview to third parties. Unum may decide to disclose what we discuss during this interview to federal or state agencies without notifying you.

All information discussed during this interview should be kept confidential. You should not disclose the substance of this interview to anyone, including other employees, former employees, or anyone else. We communicate these expectations to employees during investigations because Unum has a compelling interest in protecting the integrity of its investigations. Please understand, however, that our request for you to maintain confidentiality does not prohibit you from speaking with external governmental agencies.

Unum's has an anti-retaliation policy. However, if you provide incomplete or untruthful information during this interview, you will be subject to disciplinary action, including termination from employment.

By signing below, I acknowledge that the warnings above have been explained to me, I fully understand these warnings, I have no questions regarding any of these warnings, and I am willing to proceed with this interview.


Signature of Employee


Counsel for Unum

Employee Name: Timothy P. Loftus
Date: 9/21/2016

COPY



DEC 20 2017

MICHAEL K. JEANES, CLERK
E. FLORES
DEPUTY CLERK

SURRANO LAW OFFICES
Attorneys at Law

7114 E. Stetson Dr., Suite 300
Scottsdale, Arizona 85251
Phone: (602) 264-1077
Fax: (602) 264-2213

Charles J. Surrano III (007732) cjs@surranolawfirm.com
John N. Wilborn (013714) jnw@surranolawfirm.com
AZTurboCourt e-service distribution: surranolaw@gmail.com
Attorneys for Plaintiff

CAMPBELL, YOST, CLARE & NORELL, P.C.

3101 N. Central Ave., Suite 1200
Phoenix, AZ 85012
Phone: (602) 322-1600
Fax: (602) 322-1604

Stephen C. Yost (State Bar No. 011149) syost@cycn-phx.com
Co-Counsel for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Dawn J. McGinnis, M.D., an Arizona
Resident,

Plaintiff,

vs.

The Paul Revere Life Insurance Company,
a foreign insurer, and Unum Group
Corporation, a foreign corporation,

Defendants.

Case No. CV2017-014735

**CERTIFICATE REGARDING
COMPULSORY ARBITRATION**

The undersigned certifies that the largest award sought by the Complaint,
including punitive damages, but excluding interest, attorneys' fees, and costs does

1 exceed the limits set by local Rule for compulsory arbitration. This case is not subject
2 to the Uniform Rules of Procedure for Arbitration.

3 DATED this 20th day of December, 2017.

4 SURRENO LAW OFFICES

6 By: 

7 Charles J. Surrano, III
8 John N. Wilborn
9 Attorneys for Plaintiff
10
11
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COPY



DEC 20 2017

MICHAEL K. JEANES, CLERK
E. FLORES
DEPUTY CLERK

SURRANO LAW OFFICES
Attorneys at Law

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Co-Counsel for Plaintiff

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Resident,

Plaintiff,

vs.

The Paul Revere Life Insurance Company,
a foreign insurer, and Unum Group
Corporation, a foreign corporation,

Defendants.

Case No.: CV2017-014735

REQUEST FOR TRIAL BY JURY

Pursuant to Rule 38(b), Arizona Rules of Civil Procedure, demand is hereby
made for trial by jury of all issues in the above-entitled action.

1 DATED this 20th day of December, 2017.

2 SURREANO LAW OFFICES

3
4 By: _____

5 Charles J. Surrano, III

6 John N. Wilho

7 Attorneys for Plaintiff

SURRANO LAW OFFICES

Attorneys at Law

7114 E. Stetson Dr., Suite 300
Scottsdale, Arizona 85251
Phone: (602) 264-1077
Fax: (602) 264-2213

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AZTurboCourt e-service distribution: surranolaw@gmail.com
Attorneys for Plaintiff

CAMPBELL, YOST, CLARE & NORELL, P.C.

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Phoenix, AZ 85012
Phone: (602) 322-1600
Fax: (602) 322-1604

Stephen C. Yost (State Bar No. 011149) syost@cycn-phx.com
Co-Counsel for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Dawn J. McGinnis, M.D., an Arizona
Resident,

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vs.

The Paul Revere Life Insurance Company,
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Corporation, a foreign corporation,

Defendants.

Case No.:

CV2017-014735

SUMMONS

If you would like legal advice from a lawyer,
Contact the Lawyer Referral Service at
602-257-4434

or

www.maricopalawyers.org

Sponsored by the
Maricopa County Bar Association

TO: UNUM GROUP CORPORATION

1 YOU ARE HEREBY SUMMONED and required to serve upon the Plaintiff's
2 attorneys, an Answer to the Complaint which is herewith served upon you, within 20
3 days, exclusive of the date of service, after service of this Summons upon you, if served
4 within the State of Arizona, and within 30 days, exclusive of the day of service, if
5 served without the State of Arizona. If you fail to do so, judgment by default will be
6 taken against you for the relief demanded in the Complaint. Ariz. R. Civ. P. 4,5, 10(d).

7
8 The name and address of the Plaintiff's attorneys are:

9 Charles J. Surrano III
10 John N. Wilborn
11 Surrano Law Offices
12 7114 East Stetson Drive, Suite 300
13 Scottsdale, Arizona 85251
14 602.264.1077
15 602.264.2213 facsimile

16 SIGNED AND SEALED this date: _____

17 MICHAEL K. JEANES
18 CLERK OF THE COURT

19 **COPY**

20 By: _____



23 MICHAEL K. JEANES, CLERK
24 E. FLORES
25 DEPUTY CLERK

26

ORIGINAL

DEC 26 2017 FILED 3:51 pm

MICHAEL K. JEANES, Clerk

By K. Hauman
Deputy

SURRANO LAW OFFICES
Attorneys at Law

7114 E. Stetson Dr., Suite 300
Scottsdale, Arizona 85251
Phone: (602) 264-1077
Fax: (602) 264-2213

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AZTurboCourt e-service distribution: surranolaw@gmail.com
Attorneys for Plaintiff

CAMPBELL, YOST, CLARE & NORELL, P.C.

3101 N. Central Ave., Suite 1200
Phoenix, AZ 85012
Phone: (602) 322-1600
Fax: (602) 322-1604

Stephen C. Yost (State Bar No. 011149) syost@cycn-phx.com
Co-Counsel for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

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Case No.: CV2017-014735

SUMMONS

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or

www.maricopalawyers.org
Sponsored by the
Maricopa County Bar Association

TO: THE PAUL REVERE LIFE INSURANCE COMPANY

1 YOU ARE HEREBY SUMMONED and required to serve upon the Plaintiff's
2 attorneys, an Answer to the Complaint which is herewith served upon you, within 20
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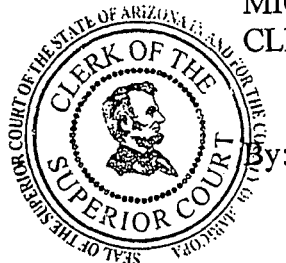
7
8 The name and address of the Plaintiff's attorneys are:

9 Charles J. Surrano III
10 John N. Wilborn
11 Surrano Law Offices
12 7114 East Stetson Drive, Suite 300
13 Scottsdale, Arizona 85251
14 602.264.1077
15 602.264.2213 facsimile

DEC 20 2017

14 SIGNED AND SEALED this date: _____

15 MICHAEL K. JEANES
16 CLERK OF THE COURT



By: E. Flores
Deputy Clerk

20 E. Flores
21
22
23
24
25
26

ORIGINAL

SURRANO LAW OFFICES
Attorneys at Law

7114 E. Stetson Dr., Suite 300
Scottsdale, Arizona 85251
Phone: (602) 264-1077
Fax: (602) 264-2213

DEC 26 2017

FILED 943am

MICHAEL K. JEANES, CLERK
By W. Stevens
W. Stevens, Deputy

Charles J. Surrano III (007732) cjs@surranolawfirm.com
John N. Wilborn (013714) jnw@surranolawfirm.com
AZTurboCourt e-service distribution: surranolaw@gmail.com
Attorneys for Plaintiff

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Phoenix, AZ 85012
Phone: (602) 322-1600
Fax: (602) 322-1604

Stephen C. Yost (State Bar No. 011149) syost@cycn-phx.com
Co-Counsel for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

Dawn J. McGinnis, M.D., an Arizona
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vs.

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Defendants.

Case No.: CV2017-014735

SUMMONS

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or

www.maricopalawyers.org

Sponsored by the
Maricopa County Bar Association

TO: UNUM GROUP CORPORATION

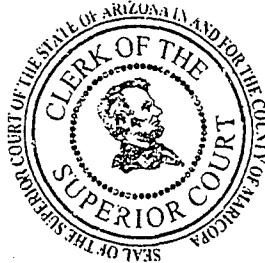
1 YOU ARE HEREBY SUMMONED and required to serve upon the Plaintiff's
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4 within the State of Arizona, and within 30 days, exclusive of the day of service, if
5 served without the State of Arizona. If you fail to do so, judgment by default will be
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7
8 The name and address of the Plaintiff's attorneys are:

9 Charles J. Surrano III
10 John N. Wilborn
11 Surrano Law Offices
12 7114 East Stetson Drive, Suite 300
13 Scottsdale, Arizona 85251
14 602.264.1077
15 602.264.2213 facsimile

DEC 20 2017

16 SIGNED AND SEALED this date: _____



MICHAEL K. JEANES
CLERK OF THE COURT

By: _____

Deputy Clerk

E. Flores

DL Investigations & Attorney Support LLC
 7501 N. 16th Street, Suite 200
 Phoenix, AZ 85020
 (602) 285-9901

DEC 26 2017 FILED 3:51pm
 MICHAEL K. JEANES, Clerk
 By [Signature]
 Deputy

Inv. #
 121717

**SUPERIOR COURT OF THE STATE OF ARIZONA
 IN AND FOR THE COUNTY OF MARICOPA**

DAWN J. MCGINNIS, M.D.

Plaintiff / Petitioner,

vs.

THE PAUL REVERE LIFE INSURANCE COMPANY; et al.

Defendant / Respondent.

ORIGINAL

NO. CV2017-014735
 CERTIFICATE OF SERVICE

Geoffrey Roberts, the undersigned certifies under penalty of perjury: That I am fully qualified pursuant to RCP 4 (d), 4 (e), 45 (b) and/or ARS 13-4072, to serve process in this case, and received for service the following documents in this action:

SUMMONS & COMPLAINT, CERTIFICATE OF ARBITRATION, REQUEST FOR TRIAL BY JURY

from Charles J. Surrano, III c/o Surrano Law Offices on 12/21/17; that I personally served copies of these documents on those named below in the manner and time and place shown; and except where noted, all services were made in Maricopa County, Arizona.

NAME: THE PAUL REVERE LIFE INSURANCE COMPANY, c/o Arizona Department of Insurance

DATE & TIME: 12/12/17 2:08pm

PLACE & 2910 N. 44TH STREET STE.210 PHOENIX, AZ 85018, which is his/her place of business.

MANNER: By serving Elizabeth Villalino, Administrative Assistant III, a person authorized to accept such service on their behalf, in person.

\$15.00 service fee tendered. Description of the Named: Female, Age: 30's, Ht: 5' 9in., Wt: 140, Eyes: brown, Hair: black, Ethnicity: Hisp.

Statement of Costs

Services	\$16.00
Mileage	\$24.00
Sp. Handl.	
Witness	
Advances	
Cert. Prep	\$10.00
Other	
Total	\$50.00

[Signature]
**Affiant - Registered in
 Maricopa County**

The above is covered by A.R.S. as amended 41-314 & 11-45 and Rules 4, 5 and 45.

DL Investigations & Attorney Support LLC
 7501 N. 16th Street, Suite 200
 Phoenix, AZ 85020
 (602) 285-9901

Inv. #

121718

SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

DAWN J. MCGINNIS, M.D.

Plaintiff / Petitioner,

vs.

THE PAUL REVERE LIFE INSURANCE COMPANY; et al.

Defendant / Respondent.

DEC 26 2017

FILED 9:43am

MICHAEL K. JEANES, CLERK

By W. Stevens
W. Stevens, Deputy

NO. CV2017-014735

CERTIFICATE OF SERVICE

Tina Nemeth, the undersigned certifies under penalty of perjury: That I am fully qualified pursuant to RCP 4 (d), 4 (e), 45 (b) and/or ARS 13-4072, to serve process in this case, and received for service the following documents in this action:

SUMMONS & COMPLAINT, CERTIFICATE OF ARBITRATION, REQUEST FOR TRIAL BY JURY

from Charles J. Surrano, III c/o Surrano Law Offices on 12/21/17; that I personally served copies of these documents on those named below in the manner and time and place shown; and except where noted, all services were made in Maricopa County, Arizona.

NAME: UNUM GROUP CORPORATION, c/o Corporation Service Company

DATE & TIME: 12/21/17 10:10am

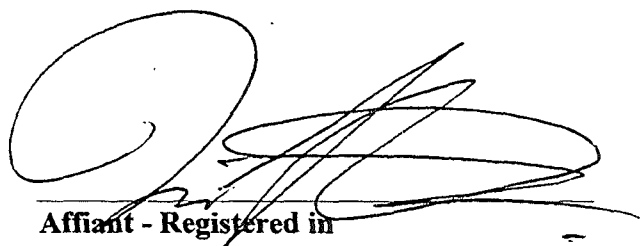
PLACE & 2338 W. ROYAL PALM ROAD STE.J PHOENIX, AZ 85021, which is his/her place of business.

MANNER: By serving Josef Patawaran, Service of Process Coordinator, a person authorized to accept such service on their behalf, in person.

Description of the Named: Male, Age: 20's, Ht: 5' 6in., Wt: 150, Eyes: brown, Hair: brown, Ethnicity: Asian

Statement of Costs

Services	\$16.00
Mileage	\$26.40
Sp. Handl.	\$24.00
Witness	
Advances	
Cert. Prep	\$10.00
Other	
Total	\$76.40


 Affiant - Registered in
 Maricopa County

ORIGINAL

The above is covered by A.R.S. as amended 41-314 & 11-45 and Rules 4, 5 and 45.

DL Investigations & Attorney Support LLC
 7501 N. 16th Street, Suite 200
 Phoenix, AZ 85020
 (602) 285-9901

MICHAEL H. JEANES, CLERK
 BY *Elishe Flores*
 E. FLORES, FILED

Inv. #

121717

SUPERIOR COURT OF THE STATE OF ARIZONA
 IN AND FOR THE COUNTY OF MARICOPA

ORIGINAL

DAWN J. McGINNIS, M.D.

Plaintiff / Petitioner,

vs.

THE PAUL REVERE LIFE INSURANCE COMPANY; et al.

Defendant / Respondent.

NO. CV2017-014735

AMENDED CERTIFICATE OF SERVICE

Geoffrey Roberts, the undersigned certifies under penalty of perjury: That I am fully qualified pursuant to RCP 4 (d), 4 (e), 45 (b) and/or ARS 13-4072, to serve process in this case, and received for service the following documents in this action:

SUMMONS & COMPLAINT, CERTIFICATE OF ARBITRATION, REQUEST FOR TRIAL BY JURY

from Charles J. Surrano, III c/o Surrano Law Offices on 12/21/17 ;
 that I personally served copies of these documents on those named below in the manner and time and place shown; and except where noted, all services were made in Maricopa County, Arizona.

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MANNER: By serving Elizabeth Villalino, Administrative Assistant III, a person authorized to accept such service on their behalf, in person.

\$15.00 service fee tendered. Description of the Named: Female, Age: 30's, Ht: 5' 9in., Wt: 140, Eyes: brown, Hair: black, Ethnicity: Hisp. This is an amended certificate of service to correct the service date.

Statement of Costs

Services	\$16.00
Mileage	\$24.00
Sp. Handl.	
Witness	
Advances	
Cert. Prep	\$10.00
Other	
Total	\$50.00

[Signature]
 Affiant Registered in
 Maricopa County